

l,	, legal guardian of,
a minor athlete, give express	written permission, and grant an exception to the Minor Athlete
Abuse Prevention Policy for _	(massage therapist or other certified
professional) to provide a ma	assage, rubdown and/or athletic training modality on
	(minor athlete) on (date)
at	(location). The massage, rubdown or athletic training
modality must be done with a	at least one other adult present in the room and must never be done
with only	(minor athlete) and
(massage therapist or other of	certified professional) in the room. I acknowledge that I have the
right to observe the massage	e, rubdown or athletic training modality. I further acknowledge that
this written permission is valid	d only for the dates and location specified herein.
Legal Guardian Signature:	
Date:	