



PERMISSION TO TREAT MINOR ATHLETE

I, _____, 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 massage, rubdown and/or athletic training modality on

_____ (minor athlete) on _____ (date) at

_____ (location). The massage, rubdown or athletic training modality

must be done with at least one other adult present in the room and must never be done with only

_____ (minor athlete) and _____ (massage therapist

or other certified professional) in the room. I acknowledge that I have the right to observe the massage,

rubdown or athletic training modality. I further acknowledge that this written permission is valid only for

the dates and location specified herein.

_____ Parent's signature Date

_____ Coach's signature Date