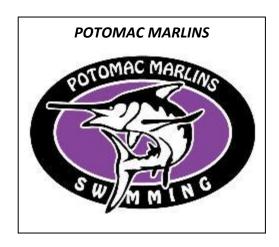
<u>WRITTEN PERMISSION FOR A LICENSED MASSAGE THERAPIST OR OTHER CERTIFIED</u> <u>PROFESSIONAL OR HEALTH CARE PROVIDER TO TREAT A MINOR ATHLETE</u>



l,	, legal guardian of	,
a minor athlete, give express wri	tten permission, and grant an ex	ception to the Minor Athlete
Abuse Prevention Policy for	(mas	sage therapist or other certified
professional) to provide a massa	ige, rubdown and/or athletic train	ing modality on
	(minor athlete) on	(date)
at	(location). The massage, ru	bdown or athletic training
modality must be done with at lea	ast one other adult present in the	e room and must never be done
with only	(minor athlete) and	
(massage therapist or other certi	fied professional) in the room. I a	acknowledge that I have the
right to observe the massage, ru	bdown or athletic training modali	ty. I further acknowledge that
this written permission is valid or	nly for the dates and location spe	cified herein.
Legal Guardian Signature:		
Data		