



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

**CANOE CITY SWIM CLUB | WRITTEN CONSENT FOR A LICENSED MASSAGE THERAPIST,
OTHER CERTIFIED PROFESSIONAL, OR HEALTHCARE PROVIDER
TO TREAT A MINOR ATHLETE**

I, _____, legal guardian of _____,
(Parent/Legal Guardian's Full Name - printed) (Athlete's Full Name - printed)

a minor athlete, give express written permission, and grant an exception to the Minor Athlete Abuse Prevention Policy for

_____ to provide a massage, rubdown, and/or athletic training modality on
(Message Therapist/Other Certified Professional)

_____ on ____/____/____ at _____.
(Athlete's Full Name - printed) (Date) (Location)

The massage, rubdown, and/or athletic training modality must be done with at least one other adult present in the room and

must never be done with only _____ and _____
(Athlete's Full Name - printed) (Message Therapist/Other Certified Professional)

in the room. I acknowledge that I have the right to observe the massage, rubdown, and/or athletic training modality. I further

acknowledge that this written permission is valid only for the date and location specified above.

Parent/Guardian's Name (printed) _____

Parent/Guardian's Signature _____ Date __/__/____