



Sparks Piranhas

Written Permission for a Licensed Massage Therapist or Other Certified Professional or Health Care Provider to Treat a 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 _____ to provide a massage, rubdown, and/or athletic
(massage therapist)

training modality on _____ on _____ at
(minor athlete) (date)

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

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

_____ and _____
(minor athlete) (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.

Legal Guardian Signature: _____

Date: _____