athletic training modalities and massages

annual consent

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Guardian Name) as the parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Minor Athlete Name) hereby authorize and consent for said Minor Athlete to receive In-Program athletic training modalities, massages or rubdowns for injuries for a time period of one year from the date of this consent.

I understand the following guidelines apply for Athletic Training Modalities and Massages:

1. All sessions must follow the One-on-One Interactions Policy as found in the USAL Minor Athlete Abuse Prevention Policy.
2. All sessions must have a second Adult Participant physically present for the treatment to occur.
3. My Minor Athlete will be fully or partially clothed and their breasts, buttocks, groin, and genitals will always be covered.
4. A parent/guardian must be permitted to observe treatment, except for situations where it occurs in a competition or training venue that limits credentialing.
5. Consent for Athletic Training Modalities and Massages can be withdrawn at any time.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

specific dates consent

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Guardian Name) as the parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Minor Athlete Name) hereby authorize and consent for said Minor Athlete to receive In-Program athletic training modalities, massages, or rubdowns for injuries under the following parameters:

1. All sessions must follow the One-on-One Interactions Policy as found in the USAL Minor Athlete Abuse Prevention Policy.
2. All sessions must have a second Adult Participant physically present for the treatment to occur.
3. My Minor Athlete will be fully or partially clothed and their breasts, buttocks, groin, and genitals will always be covered.
4. A parent/guardian must be permitted to observe treatment, except for situations where it occurs in a competition or training venue that limits credentialing.
5. Consent for Athletic Training Modalities and Massages can be withdrawn at any time.

Location of Training Session: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date(s) of Training Session: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time Period of Consent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_