



FLORIDA ATLANTIC AQUATICS



ANNUAL CONSENT

for

“ Individual Training Sessions ”

I, _____, as the parent/legal guardian of _____, a minor athlete, hereby authorize and consent for said minor athlete to receive individual training sessions from _____, an Adult Participant, for a time period of one year from the date of this consent.

I understand the following are the guidelines for Individual Training Sessions:

1. All sessions must follow the One-on-One interactions policy as found in the Minor Athlete Abuse Prevention Policy.
2. A parent/legal guardian can observe the session.

I understand that my minor athlete or I can withdraw consent for any time.

If you have any questions, please email do not hesitate to email us at FloridaAtlanticAquatics@gmail.com

PARENT / LEGAL GUARDIAN - PRINT NAME

DATE

PARENT / LEGAL GUARDIAN SIGNATURE