



FLORIDA ATLANTIC AQUATICS



ANNUAL CONSENT

for

“Athletic Training Modalities, Massages, Rubdowns”

I, _____, as the parent/legal guardian of _____, a minor athlete, hereby authorize and consent for said minor athlete to receive athletic training modalities, massages and rubdowns for injuries for a time period of one year from the date of consent.

I understand the following guidelines apply for athletic training modalities, massages and rubdowns:

1. All sessions must follow the One-on-One interactions policy as found in the 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/legal guardian must be permitted to observe treatment except for situations where it occurs in a competition or training venue that limits credentialing.

I understand that my minor athlete or I can withdraw consent for athletic training modalities, massages or rubdowns at 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