



# Parent Consent Form

## Athlete Event Travel

I, \_\_\_\_\_, parent or legal guardian of \_\_\_\_\_, a minor athlete, give express written permission, and grant an exception to the Minor Athlete Abuse Prevention Policy for \_\_\_\_\_ (minor athlete), to travel with \_\_\_\_\_ (Applicable Adult), to travel from \_\_\_\_\_ (point of origin) to \_\_\_\_\_ (destination) to attend the \_\_\_\_\_ (name of event) from \_\_\_\_\_ to \_\_\_\_\_ (dates of travel to the event).

I acknowledge that \_\_\_\_\_ (minor athlete) cannot share a hotel room, sleeping arrangement, or other overnight lodging location with \_\_\_\_\_ (Applicable Adult) at any time. I further acknowledge that this written permission is valid only for the dates and location specified herein.

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Parent Consent Form

## Local Athlete Travel

I, \_\_\_\_\_, parent or legal guardian of \_\_\_\_\_  
\_\_\_\_\_, a minor athlete, give express written permission, and grant an exception to  
the Minor Athlete Abuse Prevention Policy for \_\_\_\_\_, an  
unrelated Applicable Adult to provide local vehicle transportation to \_\_\_\_\_  
\_\_\_\_\_(minor athlete) to \_\_\_\_\_ (destination) on \_\_\_\_\_  
\_\_\_\_\_(date(s))  
at \_\_\_\_\_(approximate time),

I acknowledge that this written permission is valid only for the transportation on the  
specified date and to the specified location.

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Parent Consent Form

## Mental Health

I, \_\_\_\_\_, parent or legal guardian of \_\_\_\_\_  
\_\_\_\_\_, a minor athlete, give express written permission, and grant an exception to  
the Minor Athlete Abuse Prevention Policy for \_\_\_\_\_, a mental  
health care professional and/or health care provider, to have a one-on-one interaction  
with \_\_\_\_\_ (minor athlete) in  
conjunction with participation in the sport of swimming on \_\_\_\_\_ (date) from \_\_  
\_\_\_\_ am/pm to \_\_\_\_\_ am/pm.

I acknowledge that this one-on-one interaction may be a closed-door meeting, provided  
that the door remains unlocked; another adult is present at the facility; and the other  
adult at the facility is advised that a closed-door meeting is occurring. I further  
acknowledge that this written permission is valid only for the dates and location  
specified herein.

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Parent Consent Form

## Massages

I, \_\_\_\_\_, parent or legal guardian of \_\_\_\_\_  
\_\_\_\_\_, a minor athlete, give express written permission, and grant an exception to  
the Minor Athlete Abuse Prevention Policy for \_\_\_\_\_ (massage  
therapist or other certified professional) to provide a massage, rubdown and/or athletic  
training modality on

\_\_\_\_\_ (minor athlete) on \_\_\_\_\_ (date)

at \_\_\_\_\_ (location). The massage, rubdown or athletic training  
modality must be done with at least one other adult present in the room and must never  
be done with only \_\_\_\_\_ (minor athlete) and \_\_\_\_\_  
\_\_\_\_\_ (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.

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Parent Consent Form

## Athlete Lodging

I, \_\_\_\_\_, parent or legal guardian of \_\_\_\_\_  
\_\_\_\_\_, a minor athlete, give express written permission, and grant an exception to  
the Minor Athlete Abuse Prevention Policy for \_\_\_\_\_ (minor  
athlete), to stay in the same hotel room of, or share a sleeping arrangement or other  
overnight lodging location  
with \_\_\_\_\_ (unrelated adult athlete)  
at \_\_\_\_\_ (location of hotel room or other overnight lodging  
location) from \_\_\_\_\_ to \_\_\_\_\_ (dates of applicable rooming  
arrangement). I further acknowledge that this written permission is valid only for the  
dates and location specified herein.

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Parent Consent Form

## Local Athlete Travel

I, \_\_\_\_\_, parent or legal guardian of \_\_\_\_\_  
\_\_\_\_\_, a minor athlete, give express written permission, and grant an exception to  
the Minor Athlete Abuse Prevention Policy for \_\_\_\_\_, an  
unrelated Adult Athlete to provide local vehicle transportation to \_\_\_\_\_  
\_\_\_\_\_(minor athlete) to \_\_\_\_\_ (destination) on \_\_\_\_\_  
\_\_\_\_\_(date(s))  
at \_\_\_\_\_(approximate time),

I acknowledge that this written permission is valid only for the transportation on the  
specified date and to the specified location.

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Parent Consent Form

## Local Athlete Travel

I, \_\_\_\_\_, parent or legal guardian of \_\_\_\_\_  
\_\_\_\_\_, a minor athlete, give express written permission, and grant an exception to  
the Minor Athlete Abuse Prevention Policy for \_\_\_\_\_, an  
unrelated Minor Athlete to provide local vehicle transportation to \_\_\_\_\_  
\_\_\_\_\_(minor athlete) to \_\_\_\_\_ (destination) on \_\_\_\_\_  
\_\_\_\_\_(date(s))  
at \_\_\_\_\_(approximate time),

I acknowledge that this written permission is valid only for the transportation on the  
specified date and to the specified location.

Parent/Legal Guardian Signature: \_\_\_\_\_  
(driving minor athlete)

Date: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ (minor  
athlete)

Date: \_\_\_\_\_



# Parent Consent Form

## Athletic Training/Massages

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.

Parent/Legal Guardian Name Printed: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Parent Consent Form

## Dual Relationship

I, \_\_\_\_\_, as the parent/legal guardian of \_\_\_\_\_  
\_\_\_\_\_, a minor athlete, am advising \_\_\_\_\_ (Organization Name) that  
the minor athlete has a dual relationship with \_\_\_\_\_, an Adult Participant.  
The dual relationship is as follows: \_\_\_\_\_  
\_\_\_\_\_.

With my signature below, I am consenting to the dual relationship exception for each area of the  
Minor Athlete Abuse Prevention Policy for a time period noted not to exceed one year from the  
date of this consent. I am aware that I can withdraw consent at any time.

Parent/Legal Guardian Name Printed: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Parent Consent Form

## Dual Relationship- Communication

I, \_\_\_\_\_, as the parent/legal guardian of \_\_\_\_\_  
\_\_\_\_\_, a minor athlete, am advising \_\_\_\_\_ (Organization Name) that  
the minor athlete has a dual relationship with \_\_\_\_\_, an Adult Participant.  
The dual relationship is as follows: \_\_\_\_\_  
\_\_\_\_\_.

I hereby authorize and consent that said Adult Participant can have one-on-one electronic  
communications with said minor athlete for one year from the date of this consent.

I am aware that I can withdraw consent at any time.

Parent/Legal Guardian Name Printed: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Parent Consent Form

## Dual Relationship- Locker Room

I, \_\_\_\_\_, as the parent/legal guardian of \_\_\_\_\_  
\_\_\_\_\_, a minor athlete, am advising \_\_\_\_\_ (Organization Name) that  
the minor athlete has a dual relationship with \_\_\_\_\_, an Adult Participant.

The dual relationship is as follows: \_\_\_\_\_  
\_\_\_\_\_.

I hereby authorize and consent that said Adult Participant can have one-on-one interactions with  
said minor athlete in the locker room during in-program sport activities related to \_\_\_\_\_  
\_\_\_\_\_ (Organization Name) for one year from the date of this consent. I understand this  
consent does **NOT** allow said Adult Participant to shower with said minor athlete.

I am aware that I can withdraw consent at any time.

Parent/Legal Guardian Name Printed: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Parent Consent Form

## Dual Relationship- Travel

I, \_\_\_\_\_, as the parent/legal guardian of \_\_\_\_\_  
\_\_\_\_\_, a minor athlete, am advising \_\_\_\_\_ (Organization Name) that  
the minor athlete has a dual relationship with \_\_\_\_\_, an Adult Participant.

The dual relationship is as follows: \_\_\_\_\_  
\_\_\_\_\_.

I hereby authorize and consent that said Adult Participant can travel one-on-one with said minor  
athlete to and from all in-program activities related to \_\_\_\_\_  
\_\_\_\_\_(Organization Name) for one year from the date of this consent.

I am aware that I can withdraw consent at any time.

Parent/Legal Guardian Name Printed: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Parent Consent Form

## Individual Training Session

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 can withdraw my consent for the individual training sessions at any time.

Parent/Legal Guardian Name Printed: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Parent Consent Form

## Local Travel

I, \_\_\_\_\_, as the parent/legal guardian of \_\_\_\_\_  
\_\_\_\_\_, a minor athlete, hereby authorize and consent that \_\_\_\_\_  
\_\_\_\_\_, an Adult Participant, can travel one-on-one with said minor athlete to and from all In-  
Program sport activities related to \_\_\_\_\_ (Organization Name) for a time  
period of one year from the date of this consent.

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

Parent/Legal Guardian Name Printed: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_