

**Eugene City Swim Club 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 \_\_\_\_\_ (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 shall 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.

Legal Guardian Signature: \_\_\_\_\_

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