

## WRITTEN PERMISSION FOR A LICENSED MASSAGE THERAPIST OR OTHER CERTIFIED PROFESSIONAL OR HEALTH CARE PROVIDER TO TREAT A MINOR ATHLETE

l,	, legal guardian of	, а		
minor athlete, give express written permission, and grant an exception to the Minor Athlete Abuse				
Prevention Policy for	(massage therapist or	r other certified		
professional) to provide a massage, rubdown and/or athletic training modality on				
	_(minor athlete) on	(date)		
at	_(location). The massage, rubdown or a	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.				

Legal Guardian's Printed Name

Date

Legal Guardian's Signature



MAAPP Waiver – Traveling with Team

l,	, legal guardian of	,
a minor athlete, give express wi	ritten permission, and grant an exception to the N	1inor Athlete Abuse
Prevention Policy (MAAPP) for _		_ (minor athlete),
to travel with	(applicable adult), to trave	el from
	_ (point of origin) to	
(destination) to attend		(name of
competition) from	(dates of travel to compe	etition).
I acknowledge that	(minor athlete	) cannot share a
hotel room, sleeping arrangeme	ents, or other overnight lodging location with	
	(applicable adult) at any time. I further acl	knowledge that this
written permission is valid only	for the dates and location specified herein.	
Legal Guardian's Printed Name	Date	

Legal Guardian's Signature



## MAAPP Waiver – Hotel Stay for Adult Athlete Rooming with Non-Adult Athlete

l,	, legal guardian of,
a minor athlete, give express written per	mission, and grant an exception to the Minor Athlete Abuse
Prevention Policy (MAAPP) for (minor	
athlete), to stay in the same hotel room	of, or share a sleeping arrangement or over overnight
Iging location with (unrelated adult athlete) at	
	_ (location of hotel room/other overnight lodging location)
from to	(dates of applicable rooming arrangement).
I further acknowledge that this written p	ermission is valid only for the specified dates and locations
specified herein.	
Legal Guardian's Printed Name	Date

Legal Guardian's Signature



MAAPP Waiver – Carpooling for Adult Athletes Driving Non-Adult Athletes

I,, legal guar	dian of,	
a minor athlete, give express written permission, and	grant an exception to the Minor Athlete Abuse	
Prevention Policy (MAAPP) for	(unrelated	
applicable adult), to provide local vehicle transportat	ion to	
(minor athlete) to	(destination) on	
(date(s)) at (approximate tin	ne).	
I further acknowledge that this written permission is specified location.	valid only for the specified dates and to the	
Legal Guardian's Printed Name	Date	

Legal Guardian's Signature