



# ATHLETIC TRAINING MODALITIES AND MESSAGES

## ANNUAL CONSENT

I, \_\_\_\_\_ (Parent/Guardian Name) as the parent/guardian of  
\_\_\_\_\_ (Minor Athlete Name) hereby authorize and consent for said Minor Athlete to receive In-Program athletic training modalities, massages or rubdowns for injuries for a time period of one year from the date of this consent.

I understand the following guidelines apply for Athletic Training Modalities and Messages:

- a) All sessions must follow the One-on-One Interactions Policy as found in the USAL Minor Athlete Abuse Prevention Policy.
- b) All sessions must have a second Adult Participant physically present for the treatment to occur.
- c) My Minor Athlete will be fully or partially clothed and their breasts, buttocks, groin, and genitals will always be covered.
- d) A parent/guardian must be permitted to observe treatment, except for situations where it occurs in a competition or training venue that limits credentialing.
- e) Consent for Athletic Training Modalities and Messages can be withdrawn at any time.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## SPECIFIC DATES CONSENT

I, \_\_\_\_\_ (Parent/Guardian Name) as the parent/guardian of  
\_\_\_\_\_ (Minor Athlete Name) hereby authorize and consent for said  
Minor Athlete to receive In-Program athletic training modalities, massages, or rubdowns for  
injuries under the following parameters:

- a) All sessions must follow the One-on-One Interactions Policy as found in the USAL Minor Athlete Abuse Prevention Policy.
- b) All sessions must have a second Adult Participant physically present for the treatment to occur.
- c) My Minor Athlete will be fully or partially clothed and their breasts, buttocks, groin, and genitals will always be covered.
- d) A parent/guardian must be permitted to observe treatment, except for situations where it occurs in a competition or training venue that limits credentialing.
- e) Consent for Athletic Training Modalities and Massages can be withdrawn at any time.

Location of Training Session: \_\_\_\_\_

Date(s) of Training Session: \_\_\_\_\_

Time Period of Consent: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_