

# MINOR ATHLETE

## Manual Therapy and Therapeutic and Recovery Modalities Consent Form

### MANUAL THERAPY AND THERAPEUTIC AND RECOVERY MODALITIES

This consent form is for In-Program Manual Therapy and Therapeutic and Recovery Modalities which require parental consent as per the Minor Athlete Abuse Prevention Policies.

Review the consent form and only complete the necessary areas by initialing that area. Then sign the form at the bottom. Not all areas of the form are required to be completed.

Please note depending on the policy, consent could be required:

- 1 | Every instance,
- 2 | On an annual basis, or
- 3 | The parent/guardian can determine if the consent is provided every instance or annually.

If an option is not provided for annual consent, then consent needs to be provided in every instance. Additionally, consent can be withdrawn by a parent/guardian or Minor Athlete at any time.

The undersigned is the parent/guardian of the Minor Athlete identified below, who is a member or participant of \_\_\_\_\_, and under the age of 18.

This consent is provided pursuant to \_\_\_\_\_,

and I acknowledge that \_\_\_\_\_ contains policies that are intended to prevent abuse and risks of harm. I acknowledge that I have been advised that prior to granting consent, I should complete the training entitled *Parent's Guide to Misconduct in Sport* available at [safesporttrained.org](https://safesporttrained.org).

## MANUAL THERAPY AND THERAPEUTIC AND RECOVERY MODALITIES

### Annually

I, as the parent/guardian of the Minor Athlete identified below, hereby authorize and consent for said Minor Athlete to receive In-Program manual therapy and therapeutic and recovery modalities for a time period of one year from the date of this consent.

I understand that the following guidelines apply for Manual Therapy and Therapeutic and Recovery Modalities:

- 1 | All sessions must be Observable and Interruptible and follow the Manual Therapy and Therapeutic and Recovery Modalities Policy as found in \_\_\_\_\_
- 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/guardian must be permitted to observe treatment, except for situations where it occurs in a competition or training venue that limits credentialing.
- 5 | The provider must narrate the steps in the modality before taking them, seeking assent of the Minor Athlete throughout the process.

I understand that my Minor Athlete or I can withdraw consent for In-Program manual therapy and therapeutic and recovery modalities at any time.

Initial \_\_\_\_\_ Date \_\_\_\_\_

MANUAL THERAPY AND THERAPEUTIC AND RECOVERY MODALITIES

Specific Dates

I, as the parent/guardian of the Minor Athlete identified below, hereby authorize and consent for said Minor Athlete to receive In-Program manual therapy and therapeutic and recovery modalities for injuries under the following parameters:

LOCATION OR EVENT NAME	DATE OF TREATMENT PROVIDED	PROVIDER

I understand that the following guidelines apply for Manual Therapy and Therapeutic and Recovery Modalities:

- 1 | All sessions must be Observable and Interruptible and follow the Manual Therapy and Therapeutic and Recovery Modalities Policy as found in
- 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/guardian must be permitted to observe treatment, except for situations where it occurs in a competition or training venue that limits credentialing.
- 5 | The provider must narrate the steps in the modality before taking them, seeking assent of the Minor Athlete throughout the process.

I understand that my Minor Athlete or I can withdraw consent for In-Program Manual Therapy and Therapeutic and Recovery Modalities at any time.

Initial \_\_\_\_\_ Date \_\_\_\_\_

# MINOR ATHLETE DUAL RELATIONSHIP CONSENT FORM<sup>1</sup>

This consent form is for the purposes of the Dual Relationship Exception in the Minor Athlete Abuse Prevention Policies. There are times when a Minor Athlete and an Adult Participant have a relationship that exists outside of a sport relationship. Examples of dual relationships include but are not limited to family members, family friends, and teachers.

Review the consent and only complete the areas of the form that are necessary by initialing that area and signing the form at the bottom. Not all areas of the form are required to be completed.

Please note depending on the policy, consent could be required:

- 1 | Every instance,
- 2 | On an annual basis, or
- 3 | The parent/guardian can determine if the consent is provided every instance or annually.

If an option is not provided for annual consent, then consent needs to be provided in every instance. Additionally, consent can be withdrawn by a parent/guardian at any time.

The undersigned is the parent/guardian of the Minor Athlete identified below, who is a member or participant of \_\_\_\_\_, and under the age of 18.

This consent is provided pursuant to \_\_\_\_\_,  
and I acknowledge that \_\_\_\_\_

contains policies that are intended to prevent abuse and risks of harm. I acknowledge that I have been advised that prior to granting consent, I should complete the training entitled Parent's Guide to Misconduct in Sport available at [athletesafety.org](https://athletesafety.org).

<sup>1</sup> This is a model form designed to help organizations comply with the MAAPP. Each organization is responsible for ensuring the forms meet their specific organizational requirements, and all users of the document are responsible for obtaining appropriate legal advice as it pertains to the usage of this form.

## DUAL RELATIONSHIP CONSENT

As the parent/guardian of the Minor Athlete identified below, I am advising \_\_\_\_\_  
\_\_\_\_\_ that \_\_\_\_\_,

a Minor Athlete under the age of 18, has a Dual Relationship with the following Adult Participant:

\_\_\_\_\_. The Dual Relationship is as follows:

\_\_\_\_\_  
\_\_\_\_\_

With my initials below, I am consenting to the Dual Relationship Exception for each area of  
\_\_\_\_\_, for the time period noted.

**If an area does not have my initial, I do not consent to the exception detailed in that area.** I am aware that  
I can withdraw this consent at any time.

DUAL RELATIONSHIP CONSENT: **ONE-ON-ONE INTERACTIONS**

**Annual**

I, as the parent/guardian of the Minor Athlete identified, hereby authorize and consent that the above named Adult Participant, can have In-Program one-on-one interactions where consent is **allowed** and not otherwise covered by this form with said Minor Athlete at \_\_\_\_\_ for one year from the date of this consent.

Initial \_\_\_\_\_ Date \_\_\_\_\_

**Every Instance**

I, as the parent/guardian of the Minor Athlete identified, hereby authorize and consent that the above named Adult Participant, can have In-Program one-on-one interactions where consent is **allowed** and not otherwise covered by this form with said Minor Athlete at \_\_\_\_\_ for the following occasion:

DATE	EVENT/OCCASION NAME	LOCATION

Initial \_\_\_\_\_ Date \_\_\_\_\_

DATE	EVENT/OCCASION NAME	LOCATION

Initial \_\_\_\_\_ Date \_\_\_\_\_

DUAL RELATIONSHIP CONSENT: **TRANSPORTATION**

**Annual**

I, as the parent/guardian of the Minor Athlete identified, hereby authorize and consent that the above named Adult Participant, can travel one-on-one with said Minor Athlete to and from all In-Program activities related to \_\_\_\_\_ for one year from the date of this consent.

Initial \_\_\_\_\_ Date \_\_\_\_\_

**Every Instance**

I, as the parent/guardian of the Minor Athlete identified, hereby authorize and consent that the above named Adult Participant, can travel one-on-one with said Minor Athlete to and from all In-Program activities related to \_\_\_\_\_ during the following occasions:

EVENT/PRACTICE/OCCASION NAME	LOCATION	DATES

Initial \_\_\_\_\_ Date \_\_\_\_\_

EVENT/PRACTICE/OCCASION NAME	LOCATION	DATES

Initial \_\_\_\_\_ Date \_\_\_\_\_

DUAL RELATIONSHIP CONSENT: **LODGING – NOT A SHARED ROOM**

**Annual**

I, as the parent/guardian of the Minor Athlete identified, hereby authorize and consent that the above named Adult Participant, can share a lodging arrangement with said Minor Athlete for all In-Program lodging related to \_\_\_\_\_ for one year from the date of this consent. I understand that said Adult Participant will **NOT** share a hotel room or otherwise sleep in the same room with said Minor Athlete and all interactions will be observable and interruptible unless additional consent for In-Program one-on-one interactions is also provided.

Initial \_\_\_\_\_ Date \_\_\_\_\_

**Every Instance**

I, as the parent/guardian of the Minor Athlete identified, hereby authorize and consent that the above named Adult Participant, can share a lodging arrangement with said Minor Athlete for all In-Program lodging related to \_\_\_\_\_ during the occasions detailed below. I understand that said Adult Participant will **NOT** share a hotel room or otherwise sleep in the same room with said Minor Athlete and all interactions will be observable and interruptible unless additional consent for In-Program one-on-one interactions is also provided.

DATE	EVENT/OCCASION NAME	LOCATION

Initial \_\_\_\_\_ Date \_\_\_\_\_

DATE	EVENT/OCCASION NAME	LOCATION

Initial \_\_\_\_\_ Date \_\_\_\_\_



DUAL RELATIONSHIP CONSENT: **LODGING - SHARED ROOM**

**Every Instance**

I, as the parent/guardian of the Minor Athlete identified, hereby authorize and consent that the above named Adult Participant, can share a hotel room or otherwise sleep in the same room with said Minor Athlete for In-Program lodging related to \_\_\_\_\_ during the following occasions:

DATE	EVENT/OCCASION NAME	LOCATION

Initial \_\_\_\_\_ Date \_\_\_\_\_

DATE	EVENT/OCCASION NAME	LOCATION

Initial \_\_\_\_\_ Date \_\_\_\_\_

DUAL RELATIONSHIP CONSENT: **LOCKER ROOMS**

**Annual**

I, as the parent/guardian of the Minor Athlete identified, hereby authorize and consent that the above named Adult Participant, can have one-on-one interactions with said Minor Athlete in the Locker Room during In-Program sport activities related to \_\_\_\_\_ for one year from the date of this consent. I understand that this consent does **NOT** allow said Adult Participant to shower with said Minor Athlete.

Initial \_\_\_\_\_ Date \_\_\_\_\_

**Every Instance**

I, as the parent/guardian of the Minor Athlete identified, hereby authorize and consent that the above named Adult Participant, can have one-on-one interactions with said Minor Athlete in the Locker Room during In-Program sport activities related to \_\_\_\_\_ for the occasions detailed below. I understand that this consent does **NOT** allow said Adult Participant to shower with said Minor Athlete.

DATE	EVENT/OCCASION NAME	LOCATION

Initial \_\_\_\_\_ Date \_\_\_\_\_

DATE	EVENT/OCCASION NAME	LOCATION

Initial \_\_\_\_\_ Date \_\_\_\_\_

DUAL RELATIONSHIP CONSENT: **ELECTRONIC COMMUNICATIONS**

**Annual**

I, as the parent/guardian of the Minor Athlete identified, hereby authorize and consent that the above named Adult Participant, can have one-on-one Electronic Communication with said Minor Athlete for one year from the date of this consent.

Initial \_\_\_\_\_ Date \_\_\_\_\_

**Every Instance**

I, as the parent/guardian of the Minor Athlete identified, hereby authorize and consent that the above named Adult Participant, can have one-on-one Electronic Communications with said Minor Athlete for the following occasions:

DATE	EVENT/OCCASION NAME	LOCATION

Initial \_\_\_\_\_ Date \_\_\_\_\_

DATE	EVENT/OCCASION NAME	LOCATION

Initial \_\_\_\_\_ Date \_\_\_\_\_

I, \_\_\_\_\_, as parent/guardian of \_\_\_\_\_, who is under the age of 18, have read \_\_\_\_\_ and acknowledge that the above written permission is valid for the dates identified above. If I am signing and submitting this consent electronically, I acknowledge that my electronic signature shall have the same validity, force, and effect as if I signed this consent by hand.

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

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



# LODGING CONSENT FORM

This consent form is for the purposes of In-Program Lodging and Close-in-Age Exceptions related to Lodging. Additional consents for the remaining lodging exceptions can be found in the Personal Care Assistant (PCA) and Dual Relationship Consent Form templates. Review the consent and only complete the areas of the form that are necessary and that you agree to by initialing that area and signing the form at the bottom.

Please note depending on the policy, consent could be required:

- 1 | Every instance,
- 2 | On an annual basis, or
- 3 | The parent/guardian can determine if the consent is provided every instance or annually.

If an option is not provided for annual consent, then consent needs to be provided in every instance. Additionally, consent can be withdrawn by a parent/guardian at any time.

The undersigned is the parent/guardian of the Minor Athlete identified below, who is a member or participant of \_\_\_\_\_, and under the age of 18.

This consent is provided pursuant to \_\_\_\_\_,  
and I acknowledge that \_\_\_\_\_

contains policies that are intended to prevent abuse and risks of harm. I acknowledge that I have been advised that prior to granting consent, I should complete the training entitled Parent's Guide to Misconduct in Sport available at [athletesafety.org](https://athletesafety.org).

**IN-PROGRAM LODGING: ADULT PARTICIPANT & MINOR ATHLETE**

**Annual**

I, as the parent/guardian of the Minor Athlete identified below hereby authorize and consent that \_\_\_\_\_, an Adult Participant, can share lodging arrangements with said Minor Athlete for all In-Program lodging related to \_\_\_\_\_ for one year from the date of this consent. I understand that said Adult Participant will **NOT** share a hotel room or otherwise sleep in the same room with said Minor Athlete and all interactions will be observable and interruptible.

Initial \_\_\_\_\_ Date \_\_\_\_\_

**Every Instance**

I, as the parent/guardian of the Minor Athlete identified below, hereby authorize and consent that \_\_\_\_\_, an Adult Participant, can share the lodging arrangement with said Minor Athlete for all In-Program lodging related to \_\_\_\_\_ during the occasions detailed below. I understand that said Minor Athlete and Adult Participant will **NOT** share a hotel room or otherwise sleep in the same room and all interactions will be observable and interruptible.

DATE	EVENT/OCCASION NAME	LOCATION

Initial \_\_\_\_\_ Date \_\_\_\_\_

DATE	EVENT/OCCASION NAME	LOCATION

Initial \_\_\_\_\_ Date \_\_\_\_\_

## CLOSE-IN-AGE EXCEPTION: ADULT PARTICIPANT & MINOR ATHLETE

### Every Instance

I, as the parent/guardian of the Minor Athlete identified below, hereby authorize and consent to \_\_\_\_\_, an Adult Participant that is no more than 4 years older than said Minor Athlete; with **NO** authority over said Minor Athlete; **TO** share a hotel room or otherwise sleep in the same room with a Minor Athlete for In-Program lodging related to \_\_\_\_\_ during the following occasions.

DATE	EVENT/OCCASION NAME	LOCATION

Initial \_\_\_\_\_ Date \_\_\_\_\_

DATE	EVENT/OCCASION NAME	LOCATION

Initial \_\_\_\_\_ Date \_\_\_\_\_

I, \_\_\_\_\_, as parent/guardian of \_\_\_\_\_, who is under the age of 18, have read \_\_\_\_\_ and acknowledge that the above written permission is valid for the dates identified above. If I am signing and submitting this consent electronically, I acknowledge that my electronic signature shall have the same validity, force, and effect as if I signed this consent by hand.

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

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

# MINOR ATHLETE

## Transportation by an Adult Participant Consent Form

### TRANSPORTATION

This consent form is for In-Program Transportation that requires parental consent as per the Minor Athlete Abuse Prevention Policies.

Review the consent form and only complete the necessary areas by initialing that area. Then sign the form at the bottom. Not all areas of the form are required to be completed.

Please note depending on the policy, consent could be required:

- 1 | Every instance,
- 2 | On an annual basis, or
- 3 | The parent/guardian can determine if the consent is provided every instance or annually.

If an option is not provided for annual consent, then consent needs to be provided in every instance. Additionally, consent can be withdrawn by a parent/guardian or Minor Athlete at any time.

The undersigned is the parent/guardian of the Minor Athlete identified below, who is a member or participant of \_\_\_\_\_, and under the age of 18.

This consent is provided pursuant to \_\_\_\_\_,

and I acknowledge that \_\_\_\_\_ contains policies that are intended to prevent abuse and risks of harm. I acknowledge that I have been advised that prior to granting consent, I should complete the training entitled *Parent's Guide to Misconduct in Sport* available at [safesporttrained.org](https://safesporttrained.org).

# TRANSPORTATION BY AN ADULT PARTICIPANT

## Annual

I, as the parent/guardian of the Minor Athlete identified below, 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 \_\_\_\_\_ 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.

Initial \_\_\_\_\_ Date \_\_\_\_\_

## Specific Dates

I, as the parent/guardian of the Minor Athlete identified below, hereby authorize and consent that \_\_\_\_\_, an Adult Participant, can travel one-on-one with said Minor Athlete to and from in the In-Program sport activities related to \_\_\_\_\_ for the occasions specified below. I understand that my Minor Athlete or I can withdraw consent at any time.

DATE	EVENT/OCCASION NAME	LOCATION

Initial \_\_\_\_\_ Date \_\_\_\_\_

DATE	EVENT/OCCASION NAME	LOCATION

Initial \_\_\_\_\_ Date \_\_\_\_\_