

MINOR ATHLETE GENERAL CONSENT FORM

INDIVIDUAL TRAINING SESSIONS, ATHLETIC TRAINING MODALITIES, MASSAGES, AND RUBDOWNS, TRANSPORTATION, MEDIA IN LOCKER ROOMS

This consent form is a General Consent form to address several In-Program activities that require parental consent as per the Minor Athlete Abuse Prevention Policies.

Review the consent and only complete the areas of the form 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 Additionally, consent can be withdrawn by a parent/guardian at any time.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 [ACA MAAPP](#)

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.

INDIVIDUAL TRAINING SESSIONS

General Annual Consent

I, as the parent/guardian of the Minor Athlete identified below, hereby authorize and consent for said Minor Athlete to receive In-Program individual training sessions from _____, an Adult Participant, for a time period of one year from the date of this consent.

I understand that the following are the guidelines for Individual Training Sessions:

1 | All sessions must follow the One-on-One Interactions Policy as found in

[ACA MAAPP](#)

2 | A parent/guardian can observe the session.

I can withdrawal my consent for Individual Training Sessions at any time.

Initial _____ Date _____

Training Session Specific

I, as the parent/guardian of the Minor Athlete identified below, hereby authorize and consent for said Minor Athlete to receive In-Program individual training sessions from _____, an Adult Participant, as specified below:

I understand that the following are the guidelines for Individual Training Sessions:

1 | All sessions must follow the One-on-One Interactions Policy as found in

[ACA MAAPP](#)

2 | A parent/guardian can observe the session.

I can withdrawal my consent for Individual Training Sessions at any time.

LOCATION OF TRAINING SESSION	FREQUENCY OF TRAINING SESSION (Weekly, Monthly, etc)	TIME PERIOD OF CONSENT (Not to exceed one year)

Initial _____ Date _____

ATHLETIC TRAINING MODALITIES, MESSAGES, OR RUBDOWNS

Annually

I, as the parent/guardian of the Minor Athlete identified below, 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 that the following guidelines apply for Athletic Training Modalities, Messages, and Rubdowns:

- 1 | All sessions must follow the One-on-One Interactions Policy as found in [ACA MAAPP](#)
- 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.

I understand that my Minor Athlete or I can withdraw consent for In-Program athletic training modalities, massages, or rubdowns at any time.

Initial _____ Date _____

ATHLETIC TRAINING MODALITIES, MESSAGES, OR RUBDOWNS

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 athletic training modalities, massages, or rubdowns for injuries under the following parameters:

LOCATION OF ATHLETIC TRAINING MODALITY, MESSAGE OR RUBDOWN	FREQUENCY OF TREATMENT (Weekly, Monthly, etc.)	TIME PERIOD OF CONSENT (Not to exceed one year)

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

- 1 | All sessions must follow the One-on-One Interactions Policy as found in [ACA MAAPP](#)
- 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.

I understand that my Minor Athlete or I can withdraw consent for In-Program athletic training modalities, massages, or rubdowns at any time.

Initial _____ Date _____

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 _____

TRANSPORTATION ORGANIZED BY _____

Annual

I, as the parent/guardian of the Minor Athlete identified below, hereby authorize and consent that said Minor Athlete can travel with the named Organization to and from all In-Program activities during a 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 said Minor Athlete can travel with the named Organization to and from all the In-Program activities 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 _____

MEDIA AND CHAMPIONSHIP CELEBRATIONS IN LOCKER ROOMS

I, as the parent/guardian of the Minor Athlete identified below, hereby authorize and consent for my Minor Athlete to be a part of recording and photography in locker rooms for the purpose of celebrating a sport or athletic accomplishment for a period of one year from the date of this consent.

I understand that the following are the guidelines for all media and championship celebrations in locker rooms:

- 1** | The Organization will approve the recording and photography.
- 2** | There will be two or more Adult Participants present.
- 3** | Everyone will be fully clothed.

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: _____