

**ANNUAL CONSENT FOR IN-PROGRAM LODGING:**  
**ADULT PARTICIPANT AND MINOR ATHLETE**



I, \_\_\_\_\_, as the parent/legal guardian of \_\_\_\_\_  
\_\_\_\_\_, a minor athlete, hereby authorize and consent that \_\_\_\_\_, an  
Adult Participant, who is not a coach, can share lodging arrangements with said minor athlete  
for all in-program lodging related to Inland Coastal Aquatic Club 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.

I am aware that I can withdraw consent at any time.

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

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

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

**ANNUAL CONSENT FOR**  
**TRANSPORTATION BY ADULT PARTICIPANT**



I, \_\_\_\_\_, as the parent/legal guardian of \_\_\_\_\_, a minor athlete, 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 Inland Coastal Aquatic Club 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.

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

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

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

**ANNUAL CONSENT FOR**  
**MANUAL THERAPY, THERAPEUTIC, AND RECOVERY MODALITIES**



I, \_\_\_\_\_, as the parent/legal guardian of \_\_\_\_\_, a minor athlete, hereby authorize and consent for said minor athlete to receive manual therapy, therapeutic, and recovery modalities for a time period of one year from the date of consent.

I understand the following guidelines apply for manual therapy, therapeutic, and recovery modalities:

- a. Written consent by a parent/legal guardian must be obtained in advance at least annually by the licensed massage therapist or other certified professional which can be withdrawn at any time.
- b. Parent/legal guardians must be allowed to observe the Massage, except for competition or training venues that limit credentialing.
- c. Any Massage of a Minor Athlete must be done with at least one other Adult Participant physically present and must never be done with only the Minor Athlete and the person performing the Massage in the room.
- d. Any Massage of a Minor Athlete must be performed with the Minor Athlete fully or partially clothed, ensuring that the breasts, buttocks, groin or genitals are always covered. Nothing in this section shall be construed to apply to areas of the body exposed while wearing swimwear which conforms to the current concept of the appropriate for the individual's competition category.
- e. The provider must narrate the steps in the modality before taking them, seeking consent of the Minor Athlete throughout the process.

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

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

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

**ANNUAL CONSENT FOR**  
**TRANSPORTATION BY ORGANIZATION**



I, \_\_\_\_\_, as the parent/legal guardian of \_\_\_\_\_, a minor athlete, hereby authorize said minor athlete can travel with the named organization to and from all In-Program sport activities 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.

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

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

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