

Minor Athlete General Consent Form

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

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

When completed, please return the form via e-mail to response.resolution@usagym.org. 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 Additionally, consent can be withdrawn by a parent/guardian at any time.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 USA Gymnastics, and under the age of 18. This General Consent is provided pursuant to the [USA Gymnastics Safety and Response Policy](#), and I acknowledge that the [Policy](#) contains policies that are intended to prevent abuse and risks of harm.

INDIVIDUAL TRAINING SESSIONS

I, as the parent/guardian of the Minor Athlete identified below, hereby authorize and consent for my Minor Athlete to receive In-Program individual training sessions from _____ (Adult Participant name), an Adult Participant, for a time period of one (1) year from the date of the 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 here.
2. A parent/guardian can observe the session.

I understand that my Minor Athlete or I can withdraw consent for individual training sessions at any time.

Initials: _____ Date: _____

ATHLETIC TRAINING MODALITIES, MESSAGES, OR RUBDOWNS

I, as the parent/guardian of the Minor Athlete identified below, hereby authorize and consent for my Minor Athlete to receive In-Program athletic training modalities, massages or rubdowns for injuries for a time period of one (1) year from the date of the consent.

I understand that the following guidelines apply for athletic training modalities, massages, and rubdowns:

1. All sessions must follow the One-on-One Interactions Policy as found [here](#).
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.

Initials: _____ Date: _____

MEETINGS WITH MENTAL HEALTH PROFESSIONALS AND HEALTH CARE PROVIDERS

I, as the parent/guardian of the Minor Athlete identified below, hereby authorize and consent for my Minor Athlete to meet with In-Program mental health professionals or health care providers for a time period of one (1) year from the date of the consent.

I understand that the following guidelines apply for meetings with mental health professionals or health care providers:

1. All sessions must follow the One-on-One Interactions Policy as found [here](#).
2. All sessions must have a second Adult Participant present at the facility and notified that the meeting is occurring, although the Minor Athlete's identity need not be disclosed.
3. The Member Club, Meet Director or other person of authority must be notified that the provider will be meeting with a Minor Athlete.
4. Closed door meetings with Minor Athletes are not allowed at any event or facility under the jurisdiction of USA Gymnastics.

I understand that my Minor Athlete or I can withdraw consent for In-Program meetings with mental health professionals or health care providers at any time.

Initials: _____ Date: _____

TRANSPORTATION BY AN ADULT PARTICIPANT

I, as the parent/guardian of the Minor Athlete identified below, hereby authorize and consent that _____ (Adult Participant name), an Adult Participant, can travel one-on-one with my Minor Athlete to and from all In-Program sport activities related to USA Gymnastics for a time period of one (1) year from the date of this consent.

Prior to signing the Consent Form, I acknowledge that I must complete the "Parent's Guide to Misconduct in Sport" offered by the U.S. Center for SafeSport found here and submit my completion certificate to USA Gymnastics along with the completed Consent Form. Minor athletes who are age 13 or older must complete the "SafeSport for Youth Athletes" offered by the U.S. Center for SafeSport found here and must submit their completion certificate to USA Gymnastics.

I understand that my Minor Athlete or I can withdraw consent at any time.

Initials: _____ Date: _____

TRANSPORTATION ORGANIZED BY USA GYMNASTICS

I, as the parent/guardian of the Minor Athlete identified below, hereby authorize and consent that my Minor Athlete can travel with USA Gymnastics to and from all In-Program activities during a period of one year from the date of this consent.

Prior to signing the Consent Form, I acknowledge that I must complete the "Parent's Guide to Misconduct in Sport" offered by the U.S. Center for SafeSport found here and submit my completion certificate to USA Gymnastics along with the completed Consent Form. Minor athletes who are age 13 or older must complete the "SafeSport for Youth Athletes" offered by the U.S. Center for SafeSport found here and must submit their completion certificate to USA Gymnastics.

I understand that my Minor Athlete or I can withdraw consent at any time.

Initials: _____ Date: _____

SPECIAL CIRCUMSTANCES

Close-in-age Exception for purposes of lodging

Athletes who do not have authority over AND are within four (4) years of age of a Minor Athlete may lodge with the Athlete for overnight trips, providing consent is given for each instance of overnight travel.

The Close-in-Age Exception form can be accessed [here](#).

Approved Dual Relationships

Annual consent is required in situations where an Adult Participant has a dual role or relationship with a Minor Athlete such as an extended family member or close friend of the family. Dual Relationships are defined as a relationship with the Minor Athlete BEFORE the coaching relationship began.

The Approved Dual Relationship form can be accessed [here](#).

Personal Care Assistants (PCA)

A personal care assistant is a person approved by the parent/guardian of a Minor Athlete to provide professional services as a guide, interpreter, or for activities of daily living.

Annual consent is required before the PCA is allowed one-on-one access to the Minor Athlete in the training environment, travel and locker rooms/changing areas.

If using or requesting a Personal Care Assistant, please contact USA Gymnastics at response.resolution@usagym.org.

SIGNATURE

I, _____ (parent/guardian name),
as parent/guardian of _____

(Minor Athlete name), who is under the age of 18, have read the USA Gymnastics Safe Sport Policy and acknowledge that the above written permission is valid for the dates identified above. If I am signing and submitting this General Consent electronically, I acknowledge that my electronic signature shall have the same validity, force, and effect as if I signed this General Consent by hand.

Date: _____

Parent/Legal Guardian Signature: _____