



ANNUAL CONSENT FORM

ATHLETIC TRAINING MODALITIES, MASSAGES OR RUBDOWNS

I, _____, 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 (1) year from the date of this consent.

I understand that the following guidelines apply to Athletic Training Modalities, Massages, and Rubdowns:

1. All sessions must follow the One-on-One Interactions Policy as found in USA Gymnastics Safety and Response Policy.
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. In all situations a second Adult Participant must be physically present for treatment to occur.

I understand that my Minor Athlete or I can withdraw consent in writing for In-Program Athletic Training Modalities, Massages, or Rubdowns at any time.

Parent/Gaurdian Signature

Date

I, _____, parent/guardian of _____ (Minor Athlete), have read and acknowledge that the above written permission is valid for one (1) year from the date of this consent. 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/Guardian Printed Name

Date

Parent/Guardian Signature