

PERMISSION FOR INTERACTION WITH A MINOR ATHLETE
Magnolia Aquatic Club

I, _____, legal guardian of _____,
a minor athlete, give express written permission, and grant an exception to the Minor Athlete
Abuse Prevention Policy for _____, a
mental health care professional and/or health care provider, to have a one-on-one interaction
with _____ (minor athlete) in conjunction with
participation in the sport of swimming on _____(date) from _____ am/pm to
_____ am/pm.

I acknowledge that this one-on-one interaction may be a closed-door meeting, provided that the
door remains unlocked; another adult is present at the facility, and the other adult at the facility
is advised that a closed-door meeting is occurring. I further acknowledge that this written
permission is valid only for the dates and location specified herein.

Parent's signature

Date

Coach's signature

Date