



## **CONSENT FOR ATHLETIC TRAINING MODALITIES, MESSAGES, OR RUBDOWNS ON SPECIFIC DATES/EVENTS**

The USA Hockey Safe Sport Program Handbook adopts policies in conformance with policies of the U.S. Center for SafeSport, including the SafeSport Code for the U.S. Olympic and Paralympic Movement ("SafeSport Code") and the Minor Athlete Abuse Prevention Policies ("MAAPP"). The USA Hockey Safe Sport Program, SafeSport Code and MAAPP require parental consent for certain activities between Adult Participants and Minor Athletes participating in USA Hockey programs. This form consent for athletic training modalities, massages, or rubdowns on specific dates/events, which requires parental consent under the MAAPP for specific dates/events. Additionally, consent can be withdrawn by a parent/guardian at any time.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 of [REDACTED] and under the age of 18. This consent is provided pursuant to the USA Hockey Safe Sport Program and I acknowledge that the USA Hockey Safe Sport Program Handbook found at [www.usahockey.com/safesportprogram](http://www.usahockey.com/safesportprogram) contains policies that are intended to prevent abuse and risks of harm.

### General Consent for Athletic Training Modalities, Massages or Rubdowns on Specific Dates/Events

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 the occasion(s) outlined below.

I understand that with respect to any Athletic Training Modalities, Massages, or Rubdowns, (i) all sessions must follow the One-on-One Interactions Policy as found in the USA Hockey Safe Sport Program Handbook; (ii) all sessions must have a second Adult Participant physically present for the treatment to occur; (iii) my Minor Athlete will be fully or partially clothed and their breasts, buttocks, groin, and genitals will always be covered; (iv) a parent/guardian must be permitted to observe treatment, except for situations where it occurs in a competition or training venue that limits credentialing; and (v) my Minor Athlete or I can withdraw consent for In-Program athletic training modalities, massages, or rubdowns at any time.

Date	Event/Occasion Name	Location	Parent Initials

I, [REDACTED], as parent/guardian of [REDACTED], who is under the age of 18, have read the USA Hockey Safe Sport Program Handbook 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: [REDACTED]

Parent/Legal Guardian Signature: [REDACTED]

Date: [REDACTED]