SAMPLE CONSENT FOR INDIVIDUAL TRAINING SESSIONS – TRAINING SESSION SPECIFIC

AND LOGO HERE

l,	, as the parent/legal guardia	an of
, a minor athlete, hereby	authorize and consent for said n	ninor athlete to receive
individual training sessions from, an a		Adult Participant, as specified
below.		
I understand the following are th	ne guidelines for Individual Trainii	ng Sessions:
1. All sessions must follow the One-on-One interactions policy as found in the Minor		
Athlete Abuse Prevention Policy.		
2. A parent/legal guardian	can observe the session.	
I can withdraw my consent for the	ne individual training sessions at	any time.
Location of Training	Frequency of Training	Time Period of Consent
Session	Session	(Not to exceed one year)
	(e.g., weekly, monthly, etc.)	
Parent/Legal Guardian Name Pr	rinted:	
Parent/Legal Guardian Signatur	e:	
Date:		