***SAMPLE CONSENT FOR***

***INDIVIDUAL TRAINING SESSIONS – TRAINING SESSION SPECIFIC***

***INSERT YOUR TEAM NAME***

***AND LOGO HERE***

I, , as the parent/legal guardian of , a minor athlete, hereby authorize and consent for said minor athlete to receive individual training sessions from , an Adult Participant, as specified below.

I understand the following are the guidelines for Individual Training 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 individual training sessions at any time.

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| **Location of Training Session** | **Frequency of Training Session**(e.g., weekly, monthly, etc.) | **Time Period of Consent**(Not to exceed one year) |
|  |  |  |

Parent/Legal Guardian Name Printed:

Parent/Legal Guardian Signature:

Date: