



Letter of Parental Consent for Massages and Rubdowns

Consent:

I, _____, am the legal guardian of
_____. I give my consent for my child to receive a massage
or rubdown from _____ (applicable adult).

Please specify the specific treatment and nature of treatment involved:

Massage Date and Location: _____

I acknowledge that I have read USA Archery's [Minor Athlete Abuse Prevention Policies](#) and am granting an exception to this policy.

I acknowledge that this written permission is valid only for the dates and location specified above.

Signature of Legal Guardian:

Date:

Printed name:

Phone Number:

Signature of Trainer/Therapist:

Date:

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.

Please return this form to USA Archery at athletesafety@usarchery.org.