



5825 Delmonico Drive
Colorado Springs, CO 80919-2401
719. 597. 9090
usatriathlon.org

Minor Consent Form

Athletic Training Modalities, Massages, and Rubdowns

Should a minor athlete need to access training modalities, massages, and rubdowns offered by a USA Triathlon contractor who is a licensed provider or the United States Olympic and Paralympic Committee (USOPC) medical provider, this form will be required prior to services being rendered.

Adult Participant: An Adult Participant is any adult (18 years of age or older) who is:

1. A member of USA Triathlon;
2. An employee or board member of USA Triathlon or a USA Triathlon Club;
3. Within the governance of disciplinary jurisdiction of USA Triathlon or a USA Triathlon Club;
4. Authorized, approved, or appointed by USA Triathlon or a USA Triathlon Club to have regular contact with or authority over minors.

All In-Program athletic training modalities, massages, or rubdowns provided for a Minor Athlete must be observable and interruptible; and meet the following additional requirements:

- Another Adult Participant must be physically present for the athletic training modality, massage, or rubdown; and
- The athlete must have a signed Minor Consent Form on file for the related service as explained in the Consent section below; and
- Be performed with the Minor Athlete fully or partially clothed, ensuring that the breasts, buttocks, groin, or genitals are always covered; and
- Allow parents or legal guardians in the room as an observer.
- When possible, techniques should be used to reduce physical touch of Minor Athletes.
- Only licensed providers can administer a massage, rubdown, or athletic training modality.
- Coaches, regardless of whether they are licensed massage therapists, must not massage Minor Athletes.

Consent

- USAT must obtain consent at least annually from Minor Athletes' parents/guardians before providing access to any athletic training modalities, massages, or rubdowns.
- Minor Athletes or their parents or legal guardians can withdraw consent at any time.

If you have questions related to the Minor Athlete Abuse Prevention Policy (MAAPP), please review USAT's MAAPP [here](#).





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Parents and legal guardians are encouraged to take the U.S. Center for SafeSport's education and training on child abuse prevention before providing consent for their Minor Athlete to have access to training modalities, massages, and rubdowns offered by a USAT contractor who is a licensed provider or the United States Olympic and Paralympic Committee (USOPC) medical provider subject to these policies. This training is accessible [here](#). For more information, please contact trisafe@usatriathlon.org.



Member, U.S. Olympic Committee



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Consent Form

I confirm that I, _____ (Full Name), am the parent or legal guardian of Minor Athlete, _____ (Full Name), who is a member or participant of USA Triathlon (USAT), and under the age of 18.

I acknowledge that I am providing consent pursuant to USAT's Minor Athlete Abuse Prevention Policy (MAAPP). I acknowledge that USAT's MAAPP contains provisions that are intended to prevent abuse and risks of harm. I acknowledge that I have been advised that prior to granting consent, I should complete the training entitled "Parent's Guide to Misconduct in Sport". I hereby authorize and consent that the Minor Athlete listed above can receive athletic training modalities, massages, or rubdowns for injuries, if applicable. I understand that the guidelines as stated above will apply, such that all sessions must follow the one-on-one interactions policy, all sessions must have a second Adult Participant physically present, my Minor Athlete will be fully or partially clothed and their breasts, buttocks, groin, and genitals will always be covered, and a parent or legal guardian must be permitted to observe treatment.

Annual Consent: I authorize and provide consent for a period of one year from the date this form is signed. I understand that my Minor Athlete or I can withdraw consent at any time.

Limited Consent: I authorize and provide consent for the specific event/program, date range and location specified as follows:

Event/Program Name: _____

Date Range: _____

Location: _____

I understand that my Minor Athlete or I can withdraw consent at any time.

Printed Parent or Legal Guardian Name: _____

Parent or Legal Guardian Signature: _____

Date: _____

Printed Minor Athlete Name: _____

Minor Athlete Signature: _____

