



Personal Care Assistant Minor Consent Forms

5825 Delmonico Drive
Colorado Springs, Co 80919-2401
719. 597. 9090.
USATriathlon.org

What is a Personal Care Assistant (PCA)

An Adult Participant who assists an athlete requiring help with activities of daily living (ADL) and/or preparation for athletic participation. This support can be provided by a Guide for Blind or visually impaired athletes or can include assistance with transfer, dressing, showering, medication administration, and toileting. Personal Care Assistants are different for every athlete and should be individualized to fit their specific needs. When assisting a Minor Athlete, Adult Participant PCAs must be authorized by the athlete's parent or legal guardian

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.

If you are the Parent/Guardian of the Minor Athlete, you do not need a consent form to serve as a PCA for your Minor Athlete.

If you have questions related to the USA Triathlon SafeSport Policy Handbook or Minor Athlete Abuse Prevention Policy (MAAPP), please visit [here](#).

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 travel one-on-one with an Adult Participant. This training is accessible [here](#). For more information, please contact trisafe@usatriathlon.org.





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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 SafeSport Policy Handbook](#) (Handbook). I acknowledge that USAT's Handbook 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, _____ (Name) as a personal Care Assistant (PCA). I understand that the identified Adult Participant Personal Care Assistant must meet the following requirements to act as a PCA for said Minor Athlete during In-program activities

- 1) Comply with the Education and Training Policy
- 2) Complete and maintain a current Background Screen
- 3) Complete and maintain a current SafeSport Training, to include refreshers

☐ **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:





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Date: _____

Printed Minor Athlete Name:

Minor Athlete Signature:

Date: _____

Please be advised that the general consent forms are not available for one-on-one interactions locker rooms, and electronic communications. If you would like to authorize and consent to any of these interactions for the said Minor Athlete, please continue to the next section.

Other Consent Provisions

One-on-One Interactions

I hereby authorize and consent that, _____ (Adult Participant Name or USAT), can have In-Program one-on-one interactions where consent is allowed and not otherwise covered by this form.

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☐ **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.**

Transportation

I hereby authorize and consent that, _____ (Adult Participant Name or USAT), can have In-Program one-on-one interactions and transport minor athlete where consent is allowed and not otherwise covered by this form.

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Date Range: _____

Location: _____

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Locker Rooms

I hereby authorize and consent that, _____ (Adult Participant Name or USAT), can have In-Program one-on-one interactions in the Locker Room during USAT sport activities.

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Event/Program Name: _____

Date Range: _____

Location: _____

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

Electronic Communications

I hereby authorize and consent that, _____ (Adult Participant Name or USAT), can have one-on-one Electronic Communication with said Minor Athlete related to In-Program USAT activities.

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Event/Program Name: _____

Date Range: _____

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Printed Parent or Legal Guardian Name: _____

Parent or Legal Guardian Signature: _____

Date: _____

Printed Minor Athlete Name: _____

Minor Athlete Signature: _____

Date: _____

