PASEO AQUATICS
SWIM CLUB

Written Permission for a Mental Health Care Professional or Health Care Provider to Have One-on-One Interaction with a Minor Athlete

Purpose

USA Swimming's top priority continues to be keeping our athletes safe. No form of abuse, including child sexual abuse, has a place in our sport. As part of our commitment to safeguarding athletes, USA Swimming has enacted enhancements to our Safe Sport policy and education requirements.

This form grants permission for a mental health care professional or health care provider to have one-on-one interaction with a minor athlete. A copy of this form will be presented to the coach and kept on file for the duration of the season.

Permission Statement

I, _____, legal guardian of _____, a minor athlete, give express written permission and grant an exception to the Minor Athlete Abuse Prevention Policy for _____, a mental health care professional and/or health care provider, to have a one-on-one interaction with _____ (minor athlete) in conjunction with participation in the sport of swimming on _____ (date) from _____ am/pm to _____ am/pm. I acknowledge that this one-on-one interaction may be a closed-door meeting, provided that the door remains unlocked, another adult is present at the facility, and the other adult is advised that a closed-door meeting is occurring. I further acknowledge that this written permission is valid only for the dates and location specified herein.

Acknowledgment

I acknowledge that this one-on-one interaction may be a closed-door meeting, provided that:

- The door remains unlocked,
- Another adult is present at the facility, and

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- The other adult at the facility is advised that a closed-door meeting is occurring.

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

Signatures

Parent/Guardian Signature: _____ Date: _____

Coach Signature of Receipt: _____ Date: _____