

INDIVIDUAL TRAINING SESSIONS

General Annual Consent

I, as the parent/guardian of the Minor Athlete identified below, hereby authorize and consent for said Minor Athlete to receive In-Program individual training sessions from \_\_\_\_\_ , an Adult Participant, for a time period of one year from the date of this consent.

I understand that the following are the guidelines for Individual Training Sessions:

- 1 | All sessions must be Observable and Interruptible and follow the Individual Training Sessions Policy as found in \_\_\_\_\_
- 2 | A parent/guardian can observe the session.

I understand that my Minor Athlete or I can withdraw my consent for Individual Training Sessions at any time.

Initial \_\_\_\_\_ Date \_\_\_\_\_

Training Session Specific

I, as the parent/guardian of the Minor Athlete identified below, hereby authorize and consent for said Minor Athlete to receive In-Program individual training sessions from \_\_\_\_\_ , an Adult Participant, as specified below:

I understand that the following are the guidelines for Individual Training Sessions:

- 1 | All sessions must be Observable and Interruptible and follow the Individual Training Sessions Policy as found in \_\_\_\_\_
- 2 | A parent/guardian can observe the session.

I understand that my Minor Athlete or I can withdraw my consent for Individual Training Sessions at any time.

LOCATION OF TRAINING SESSION	FREQUENCY OF TRAINING SESSION (Weekly, Monthly, etc)	TIME PERIOD OF CONSENT (Not to exceed one year)

Initial \_\_\_\_\_ Date \_\_\_\_\_

I, \_\_\_\_\_, as parent/guardian of \_\_\_\_\_,

who is under the age of 18, have read \_\_\_\_\_  
and acknowledge that the above written permission is valid for the dates identified above. 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.

Parent/Legal Guardian Printed Name: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_