## **Out-of-Program Contact Consent**

I understand that Adult Participants are prohibited from interacting with Minor Athletes in settings outside of the program unless I have provided written consent for each out-of-program contact and I have completed education and training concerning child abuse prevention.

I, as the parent/guardian of the Min	or Athlete identified below, hereby	authorize and conse	nt for said	
Minor Athlete to have out-of-program contact with		(Enter	(Enter Adult	
Participant Name) on	(Enter date/s).			
I have completed the above referen	nced training regarding child abuse p	prevention on	(date)	
l,	_ (Enter Parent/Guardian Name), as	parent/guardian of		
(I	Enter Minor Athlete Name), who is u			
	(Enter Organization Policy	/ Name) and acknowl	edge that	
the above written permission is vali	d for the date(s) identified above. If	I am signing and sub	mitting this	
consent electronically, I acknowledge	ge that my electronic signature shall	l have the same valid	ity, force,	
and effect as if I signed this consent	by hand.			
Parent/Legal Guardian Printed Nam	e:			
Parent/Legal Guardian Signature: _		Date:		