**Minor Athlete Abuse Prevention Policy**

**Health Care Provider and Mental Health Care Professional Consent**

Athlete Name Address

City, State, Zip Birth Date

E Mail Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Parent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone Cell Phone

Home Phone Home Phone

Work Phone Work Phone

E Mail E Mail

**Athlete Health Care Provider and Mental Health Care Professional Consent**

We, the undersigned parents or legal guardians of the above named athlete who is under the age of 18 years (“Athlete”), have read U.S. Ski & Snowboard’s Minor Athlete Abuse Prevention Policies (“MAAPP”) (available at [www.usskiandsnowboard.org](http://www.usskiandsnowboard.org)) and hereby authorize and consent to the health care providers and/or mental health care professionals listed below to meet with Athlete in a closed-door meeting to help protect Athlete’s privacy provided that: (1) the door remains unlocked; (2) another adult is present at the facility; and (3) the other adult is advised that a closed-door meeting is occurring. This Consent shall be applicable only to the health care providers and/or mental health care professionals listed below and will be effective for the 2019-2020 training and competitive season, unless otherwise revoked in writing (text or email).

Parent or Guardian Signature Date

Parent or Guardian Signature Date

**Applicable Adults**: