

Just Care Aquatics Triton
5118 Mumm Ln
El Paso, Tx 79924
915-273-0791
Jcatswim@gmail.com
www.jcatswim.com

Minor Athlete Abuse Prevention

I acknowledge that I have received, read and understood the **Minor Athlete Abuse Prevention Policy** and/or that the Policy has been explained to me or my family. I further acknowledge and understand that agreeing to comply with the contents of this Policy is a condition of my membership with **Just Care Aquatics Triton**.

Name: _____

Signature: _____

Date: _____

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Athletic training modalities

I, _____, as the parent/legal guardian of
_____, a minor athlete, hereby authorize and consent for said
minor athlete to receive athletic training modalities, massages and rubdowns for injuries for a
time period of one year from the date of consent. I understand the following guidelines apply for
athletic training modalities, massages and rubdowns:

1. All sessions must follow the One-on-One interactions policy as found in the Minor Athlete Abuse Prevention Policy.
2. All sessions must have a second Adult Participant physically present for the treatment to occur.
3. My minor athlete will be fully or partially clothed and their breasts, buttocks, groin and genitals will always be covered.
4. A parent/legal guardian must be permitted to observe treatment except for situations where it occurs in a competition or training venue that limits credentialing.

I understand that my minor athlete or I can withdraw consent for athletic training modalities,
massages or rubdowns at any time.

Parent/Legal Guardian Name Printed: _____

Parent/Legal Guardian Signature: _____

Date: _____

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Dual Relationship Locker rooms

I, _____, as the parent/legal guardian of
_____, a minor athlete, am advising the minor athlete has a
dual relationship with _____, an Adult Participant. The dual
relationship is as follows: _____. I hereby authorize and consent that
said Adult Participant can have one-on-one interactions with said minor athlete in the locker
room during in-program sport activities related to Just Care Aquatics for one year from the date
of this consent. I understand this consent does NOT allow said Adult Participant to shower with
said minor athlete. I am aware that I can withdraw consent at any time.

Parent/Legal Guardian Name Printed: _____

Parent/Legal Guardian Signature: _____

Date: _____

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Transportation by Adult Participant

I, _____, as the parent/legal guardian of
_____, a minor athlete, hereby authorize and consent that
_____, an Adult Participant, can travel one-on-one with said
minor athlete to and from all In-Program sport activities related to **Just Care Aquatics** for a time
period of one year from the date of this consent. I understand that my minor athlete or I can
withdraw consent at any time.

Parent/Legal Guardian Name Printed: _____

Parent/Legal Guardian Signature: _____

Date: _____

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Photo or Video

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I hereby give Just Care Aquatics permission to utilize my athlete photo or video for use on team platforms, not limited to team functions, swim meets, web page, social media, or advertising options. Initials: _____

I hereby Opt-out for Just Care Aquatics to utilize my athlete photo or video for any use on team platforms, not limited to team functions, swim meets, web page, social media, or advertising options. Initials: _____

Name: _____

Signature: _____

Date: _____