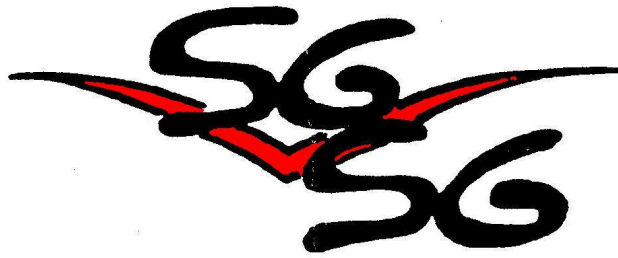


# San Gabriel Sea Gulls



## **WRITTEN PERMISSION FOR A MENTAL HEALTH CARE PROFESSIONAL OR HEALTH CARE PROVIDER TO HAVE ONE- ON-ONE INTERACT/ON WITH A MINOR ATHLETE**

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 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.

Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_