PERSONAL CARE ASSISTANT
LODGING (NOT A SHARED ROOM) CONSENT FORM
ON SPECIFIC DATES/EVENTS

The USA Hockey Safe Sport Program Handbook adopts policies in conformance with policies of the U.S. Center for Safe Sport, including the SafeSport Code for the U.S. Olympic and Paralympic Movement ("SafeSport Code") and the Minor Athlete Abuse Prevention Policies ("MAAPP"). The USA Hockey Safe Sport Program, SafeSport Code and MAAPP require parental consent for certain activities between Adult Participants and Minor Athletes participating in USA Hockey programs. This form provides consent for a Personal Care Assistant to share lodging (but not in a shared room) with a Minor Athlete, which requires parental consent under the MAAPP.

Please note that depending on the policy, consent can be required (i) in every instance, (ii) on an annual basis, or (iii) the parent/guardian can determine if the consent is provided every instance or annually. If an option is not provided for annual consent, then consent needs to be provided in every instance. Additionally, consent can be withdrawn by a parent/guardian at any time.

The undersigned is the parent/guardian of the Minor Athlete identified below, who is a member of [INSERT NAME OF LOCAL PROGRAM] and under the age of 18. This consent is provided pursuant to the USA Hockey Safe Sport Program and I acknowledge that the USA Hockey SafeSport Program Handbook found at www.usahockey.com/safesportprogram contains policies that are intended to prevent abuse and risks of harm.

The following Consent form is for consent to a Personal Care Assistant exception to apply in a specific instance(s).[1]

Consent for Personal Care Assistant

I, as the parent/guardian [INSERT MINOR ATHLETE NAME], a Minor Athlete under the age of 18, have appointed [INSERT PCA's NAME] as a Personal Care Assistant (PCA). I understand that the identified Adult Participant Personal Care Assistant to act as a PCA for said Minor Athlete during In-Program activities must (i) comply with the Education and Training Policy found in the USA Hockey Safe Sport Program Handbook; and (ii) comply with the Screening Policy found in the USA Hockey Safe Sport Program Handbook.

I have read and understand the USA Hockey Safe Sport Program Handbook and am granting [ENTER LOCAL to have the following exceptions when working with my Minor Athlete.

With my initials below, I am consenting to the Personal Care Assistant Exception for the area of the USA Hockey Safe Sport Program specified on this form, for the time period(s) or event(s) noted. **If an area does not have my initial, I do not consent to the exception detailed in that area.** I am aware that I can withdraw this consent at any time.

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[1] Separate forms providing consent on an annual basis may be used and are located at
https://www.usahockey.com/resourcesanddownloads

Personal Care Assistant Consent – Lodging – Not a Shared Room

I, as the parent/guardian of the Minor Athlete identified below, hereby authorize and consent that the above named Adult Participant PCA can share lodging arrangements with said Minor Athlete for all In-Program lodging related to [ENTER LOCAL PROGRAM NAME] for the occasions detailed below. I understand that said Adult Participant will **NOT** share a hotel room or otherwise sleep in the same room with said Minor Athlete and all interactions will be observable and interruptible unless additional consent for In-Program one-on-one interactions is also provided.

Date	Event/Occasion Name	Location	Parent Initials

I, [INSERT PARENT NAME], as parent/guardian of [INSERT MINOR ATHLETE NAME], who is under the age of 18, have read the USA Hockey Safe Sport Program Handbook 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: [INSERT PARENT NAME]

Parent/Legal Guardian Signature: [INSERT ELECTRONIC SIGNATURE]   Date: [BOX FOR DATE]