

## CONSENT FOR INDIVIDUAL TRAINING SESSIONS ON SPECIFIC DATES/EVENTS

The USA Hockey Safe Sport Program Handbook adopts policies in conformance with policies of the U.S. Center for SafeSport, 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 individual training sessions on specific dates/events, which requires parental consent under the MAAPP. Additionally, consent can be withdrawn by a parent/guardian at any time.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 Safe Sport Program Handbook found at <a href="https://www.usahockey.com/safesportprogram">www.usahockey.com/safesportprogram</a> contains policies that are intended to prevent abuse and risks of harm.

## General Consent for Individual Training Sessions - Specific Instance(s)

I, as the parent/guardian of the Minor Athlete identified below, hereby authorize and consent for said Minor Athlete to receive In-Program individual training sessions from [INSERT NAME OF ADULT], an Adult Participant, as specific below.

I understand that (i) all individual training sessions must follow the One-on-One Interactions Policy as found in the USA Hockey Safe Sport Program Handbook; (ii) a parent/guardian can observe the session; and (iii) I can withdrawal my consent for individual training sessions at any time.

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]