# MINOR ATHLETE DUAL RELATIONSHIP

## CONSENT FORM<sup>1</sup>

This consent form is for the purposes of the Dual Relationship Exception in the Minor Athlete Abuse Prevention Policies. There are times when a Minor Athlete and an Adult Participant have a relationship that exists outside of a sport relationship. Examples of dual relationships include but are not limited to family members, family friends, and teachers.

Review the consent and only complete the areas of the form that are necessary by initialing that area and signing the form at the bottom. Not all areas of the form are required to be completed.

Please note depending on the policy, consent could be required:

- 1 | Every instance,
- 2 On an annual basis, or
- **3** The parent/guardian can choose 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 Additionally, consent can be withdrawn by a parent/guardian or Minor Athlete at any time.

The undersigned is the parent/guardian of the Minor Athlete identifie	ed below, who is a member or
participant of	, and under the age of 18.
This consent is provided pursuant to	
and I acknowledge that	
contains policies that are intended to prevent abuse and risks of har	m. I acknowledge that I have
been advised that prior to granting consent, I should complete the tr	raining entitled Parent's Guide
to Misconduct in Sport available at safesporttrained.org.	

<sup>&</sup>lt;sup>1</sup> This is an example form designed to help organizations comply with the MAAPP. Each organization is responsible for ensuring the forms meet their specific organizational requirements, and all users of the document are responsible for obtaining appropriate legal advice as it pertains to the usage of this form.

## DUAL RELATIONSHIP CONSENT

As the parent/guardian of the Minor Athlete identified below, I am advising		
that		
a Minor Athlete under the age of 18, has a Dual Relationship with the following Adult Participant:		
. The Dual Relationship is as follows:		
With my initials below, I am consenting to the Dual Relationship Exception for each area of		
, for the time period 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.		

## DUAL RELATIONSHIP CONSENT: ONE-ON-ONE INTERACTIONS

Annual			
that the above named Adult Par	e Minor Athlete identified, hereby authorize and consent articipant, can have In-Program one-on-one interactions not otherwise covered by this form with said Minor Athlete for one year from the date of this consent.		
	Initial	Date	
Every Instance			
that the above named Adult Par	Minor Athlete identified, hereby aut ticipant, can have In-Program one-o not otherwise covered by this form v	n-one interactions	
at		for the following occasion:	
DATE	EVENT/OCCASION NAME	LOCATION	
	Initial	Date	
DATE	EVENT/OCCASION NAME	LOCATION	
	Initial	Date	

#### DUAL RELATIONSHIP CONSENT: TRANSPORTATION

Annual				
•		Athlete identified, hereby autlavel one-on-one with said Min		
In-Program	activities related to			
for one year	from the date of this cons	ent.		
		Initial	Date	
<b>Every Insta</b>	ince			
•		Athlete identified, hereby autlavel one-on-one with said Min		
In-Program	activities related to			
during the fo	ollowing occasions:			
EVENT/PRA	CTICE/OCCASION NAME	LOCATION	DATES	
		Initial	Date	
EVENT/PRA	CTICE/OCCASION NAME	LOCATION	DATES	
		Initial	Date	

#### DUAL RELATIONSHIP CONSENT: LODGING - NOT A SHARED ROOM

Annual			
above named Adult Participant, all In-Program lodging related this consent.		ith said Minor Athlete for for one year from the date of	
	rticipant will <b>NOT</b> share a hotel roor lete and all interactions will be obse	·	
additional consent for In-Progra	am one-on-one interactions is also p	rovided.	
	Initial	Date	
Every Instance			
I, as the parent/guardian of the Minor Athlete identified, hereby authorize and consent that the above named Adult Participant, can share a lodging arrangement with said Minor Athlete for all In-Program lodging related to during the occasions detailed below.  I understand that said Adult Participant will <b>NOT</b> 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	
	Initial	Date	
DATE	EVENT/OCCASION NAME	LOCATION	

Initial

Date

#### DUAL RELATIONSHIP CONSENT: LODGING - SHARED ROOM

Every	<b>Instance</b>

DATE	EVENT/OCCASION NAME	LOCATION
	Initial	Date
DATE	EVENT/OCCASION NAME	LOCATION

Initial

Date

#### DUAL RELATIONSHIP CONSENT: LOCKER ROOMS

Annual		
that the above named Adult Par	Minor Athlete identified, hereby autricipant, can have one-on-one intera	ctions with said
Minor Athlete in the locker roor	n or changing area during In-Progra for one year from the dat	m sport activities related to te of this consent. I understand
that this consent does <b>NOT</b> allo	w said Adult Participant to shower v	vith said Minor Athlete.
	Initial	Date
Every Instance		
that the above named Adult Par Minor Athlete in the locker roor		ctions with said m sport activities related to s detailed below. I understand
that this consent does <b>NOT</b> allo	w said Adult Participant to shower v	vith said Minor Athlete.
DATE	EVENT/OCCASION NAME	LOCATION
	Initial	Date
DATE	EVENT/OCCASION NAME	LOCATION
		_
	Initial	Date

#### DUAL RELATIONSHIP CONSENT: ELECTRONIC COMMUNICATIONS

#### **Annual**

I, as the parent/guardian of the Minor Athlete identified, hereby authorize and consent that the above named Adult Participant, can have one-on-one Electronic Communication with said Minor Athlete for one year from the date of this consent.

Initial

Date

Every Instance			
I, as the parent/guardian of the Minor Athlete identified, hereby authorize and consent that the above named Adult Participant, can have one-on-one Electronic Communications with said Minor Athlete for the following occasions:			
DATE	EVENT/OCCASION NAME	LOCATION	
	Initial	Date	
DATE	EVENT/OCCASION NAME	LOCATION	
	Initial	Date	
l,	, as parent/guardian of	,	
who is under the age of 18, have read 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 Parent/Legal Guardian Signatu		Date:	