

## Individual Training Permission Form

I hereby grant permission to the coach(es) listed below to conduct individual training sessions with the minor athlete listed below even if the sessions are not observable and interruptible by another adult. I understand that the permission being granted in this form is valid for six (6) months.

Coach(es): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Minor Athlete: \_\_\_\_\_

Name of Legal Guardian: \_\_\_\_\_

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

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