



PERSONAL CARE ASSISTANT ANNUAL CONSENT FORM

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 address several In-Program activities that require parental consent under the MAAPP.

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

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. The following Annual Consent forms are listed below.¹ 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 Additionally, consent can be withdrawn by a parent/guardian at any time. Review each separate consent and only complete the areas of the form necessary by initialing that area and signing the form at the bottom. Not all areas of the form are required to be completed.

1. Personal Care Assistant (“PCA”) Consent
2. PCA - One-On-One Interactions
3. PCA - Transportation
4. PCA - Lodging – Not a Shared Room
5. PCA - Locker Rooms
6. PCA - Electronic Communications

Personal Care Assistant Consent

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 PROGRAM NAME] to have the following exceptions when working with my Minor Athlete.

By my initials below I am agreeing to the Personal Care Assistant Exception for each area of the USA Hockey Safe Sport Program Handbook on an annual basis, with the exception of the PCA Consent Form for Lodging – Shared Room which must be granted every instance and cannot be granted on an annual basis. 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.

Initial [BOX FOR INITIALS]

Date: [BOX FOR DATE]

¹ Separate forms providing consent for specific dates (as opposed to annual consent), may be used and are located at <https://www.usahockey.com/resourcesanddownloads>.

[PCA - One-On-One Interactions](#)

I, as the parent/guardian of the Minor Athlete identified below, hereby authorize and consent that the above named Adult Participant PCA can have In-Program one-on-one interactions where consent is consent is allowed and not otherwise covered by this form with said Minor Athlete at [ENTER LOCAL PROGRAM NAME] for one year from the date of this consent.

Initial [BOX FOR INITIALS] Date: [BOX FOR DATE]

[PCA – Transportation](#)

I, as the parent/guardian of the Minor Athlete identified below, hereby authorize and consent that the above named Adult Participant PCA can travel one-on-one with said Minor Athlete to and from all In-Program activities related to [ENTER LOCAL PROGRAM NAME] for one year from the date of this consent.

Initial [BOX FOR INITIALS] Date: [BOX FOR DATE]

[PCA – 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 one year from the date of this consent. 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.

Initial [BOX FOR INITIALS] Date: [BOX FOR DATE]

[PCA – Locker Rooms](#)

I, as the parent/guardian of the Minor Athlete identified below, hereby authorize and consent that the above named Adult Participant PCA can have one-one-one interactions with said Minor Athlete in the Locker Room during In-Program sport activities related to [ENTER LOCAL PROGRAM NAME] for one year from the date of this consent. I understand that this consent does **NOT** allow said Adult Participant to shower with said Minor Athlete.

Initial [BOX FOR INITIALS] Date: [BOX FOR DATE]

[PCA – Electronic Communications](#)

I, as the parent/guardian of the Minor Athlete identified below, hereby authorize and consent that the above named Adult Participant PCA can have one-one-one Electronic Communication with said Minor Athlete related to In-Program activities at [ENTER LOCAL PROGRAM NAME] for one year from the date of this consent.

Initial [BOX FOR INITIALS] Date: [BOX FOR DATE]

The following must be completed to make the above initials valid:

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]