



**Consent and Authorization for Minor Athlete to Engage with Mental Health Care Professional/Provider**

I, the undersigned, certify that I am the parent or legal guardian of the below named Minor Athlete. I understand that written consent and authorization is required in order for Minor Athlete to participate in a closed-door meeting with a mental health care professional/provider at USA Cycling facilities or events.

In connection with and in consideration of Minor Athlete's participation in a closed-door meeting with a mental health care professional/provider I, as Minor Athlete's parent or legal guardian, hereby represent and agree as follows:

- 1) I agree to allow the Minor Athlete to participate in a closed-door meeting(s) with \_\_\_\_\_(name of mental health care professional/provider conducting the meeting/s) on \_\_\_\_\_(date/s);
- 2) I agree that I have had the opportunity to review USA Cycling's SafeSport Program and Minor Athlete Protection Policies, available at <https://www.usacycling.org/resources/safesport/usac-policies>;
- 3) I authorize and consent to the release and disclosure of this consent form, Minor Athlete's name, and other relevant information necessary to demonstrate my consent to Minor Athlete's participation.

**I certify that I am 18 years of age or older and the parent or legal guardian of the Minor Athlete. In addition, I certify that I have read, fully understand, and agree to the terms of this Authorization, and I sign it voluntarily with the full knowledge of its significance.**

\_\_\_\_\_  
Minor Athlete Name (First and Last)

\_\_\_\_\_  
Parent or Legal Guardian Printed Name (First and Last)

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date