



PERSONAL CARE ASSISTANT

Minor Consent Form

What is a Personal Care Assistant (PCA)?

An Adult Participant who assists an athlete requiring help with activities of daily living (ADL) and/or preparation for athletic participation. This support can be provided by a Guide for Blind or visually impaired athletes or can include assistance with transfer, dressing, showering, medication administration, and toileting. Personal Care Assistants are different for every athlete and should be individualized to fit their specific needs. When assisting a Minor Athlete, Adult Participant PCAs must be authorized by the athlete's parent or legal guardian.

Adult Participant: An Adult Participant is any adult (18 years of age or older) who is:

1. A member of USA Archery;
2. An employee or board member of USA Archery or a USA Archery Club or State Association;
3. Within the governance of disciplinary jurisdiction of USA Archery or a USA Archery Club or State Association;
4. Authorized, approved, or appointed by USA Archery or a USA Archery Club or State Association to have regular contact with or authority over minors.

If you are the Parent/Guardian of the Minor Athlete, you do not need a consent form to serve as a PCA for your Minor Athlete.

If you have questions related to Minor Athlete Abuse Prevention Policies (MAAPP), for example, what qualifies as In-Program contact, a Dual Relationship, or a Close-in-Age exception, please review USAA's MAAPP [here](#).

Parents and legal guardians are encouraged to take the U.S. Center for SafeSport's education and training on child abuse prevention before providing consent for their Minor Athlete to have access to training modalities, massages, and rubdowns offered by a USAA contractor who is a licensed provider or the United States Olympic and Paralympic Committee (USOPC) medical provider subject to these policies. This training is accessible through USAA's Membership Services platform. For more information, please contact athletesafety@usarchery.org.

Consent

I confirm that I, _____ (Full Name) am the parent or legal guardian of the Minor Athlete _____ (Full Name), who is a member or participant of USA Archery (USAA), and under the age of 18.

I acknowledge that I am providing consent pursuant to [USAA's Minor Athlete Abuse Prevention Policy \(MAAPP\)](#). I acknowledge that USAA's MAAPP contains provisions that are intended to prevent abuse and risks of harm. I acknowledge that I have been advised that prior to granting consent, I should complete the training entitled "Parent's Guide to Misconduct in Sport".

I, as the parent/legal guardian of the said Minor Athlete have appointed _____ (Name) as a Personal Care Assistant (PCA). I understand that the identified Adult Participant Personal Care Assistant must meet the following requirements to act as a PCA for said Minor Athlete During In-Program activities.

- 1) Comply with the Education and Training Policy
- 2) Complete and maintain a current Background Screen
- 3) Complete and maintain a current SafeSport Training, to include refreshers

I agree to complete and return the corresponding required consent forms (as beginning on page 4) as needed for one-on-one In-Program interactions to indicate where consent is allowed, to include, but not limited to completing the appropriate corresponding consent forms (i.e. transportation, lodging).

Annual Consent: I authorize and provide consent for a period of one year from the date this form is signed. I understand that my Minor Athlete or I can withdraw consent at any time.

Limited Consent: I authorize and provide consent for the specific event/program, date range and location specified as follows:

Event/Program Name: _____

Date Range: _____

Location: _____

I understand that my Minor Athlete or I can withdraw consent at any time.

Printed Parent or Legal Guardian Name: _____

Parent or Legal Guardian Signature: _____

Date: _____

Printed Minor Athlete Name: _____

Minor Athlete Signature: _____

Date: _____

Please be advised that the general consent forms are not available for one-on-one interactions locker rooms, and electronic communications. If you would like to authorize and consent to any of these interactions for the said Minor Athlete, please continue to the next section.



Other Consent Provisions

One-on-One Interactions

I hereby authorize and consent that, _____ (Adult Participant Name or USAA), can have In-Program one-on-one interactions where consent is allowed and not otherwise covered by this form.

Annual Consent: I authorize and provide consent for a period of one year from the date this form is signed. I understand that my Minor Athlete or I can withdraw consent at any time.

Limited Consent: I authorize and provide consent for the specific event/program, date range and location specified as follows:

Event/Program Name: _____

Date Range: _____

Location:

I understand that my Minor Athlete or I can withdraw consent at any time.

Transportation

I hereby authorize and consent that, _____ (Adult Participant Name or USAA), can have In-Program one-on-one interactions and transport Minor Athlete where consent is allowed and not otherwise covered by this form.

Annual Consent: I authorize and provide consent for a period of one year from the date this form is signed. I understand that my Minor Athlete or I can withdraw consent at any time.

Limited Consent: I authorize and provide consent for the specific event/program, date range and location specified as follows:

Event/Program Name: _____

Date Range: _____

Location:

I understand that my Minor Athlete or I can withdraw consent at any time.

Locker Rooms

I hereby authorize and consent that, _____ (Adult Participant Name or USAA), can have In-Program one-on-one interactions in the Locker Room during USAA sport activities.

Annual Consent: I authorize and provide consent for a period of one year from the date this form is signed. I understand that my Minor Athlete or I can withdraw consent at any time.

Limited Consent: I authorize and provide consent for the specific event/program, date range and location specified as follows:

Event/Program Name: _____

Date Range: _____

Location: _____

I understand that my Minor Athlete or I can withdraw consent at any time.

Electronic Communications

I hereby authorize and consent that, _____ (Adult Participant Name or USAA), can have one-on-one Electronic Communication with said Minor Athlete related to In-Program USAA activities.

Annual Consent: I authorize and provide consent for a period of one year from the date this form is signed. I understand that my Minor Athlete or I can withdraw consent at any time.

Limited Consent: I authorize and provide consent for the specific event/program, date range and location specified as follows:

Event/Program Name: _____

Date Range: _____

Location: _____

I understand that my Minor Athlete or I can withdraw consent at any time.

Printed Parent or Legal Guardian Name: _____

Parent or Legal Guardian Signature: _____

Date: _____

Printed Minor Athlete Name: _____

Minor Athlete Signature: _____

Date: _____

