PARENTAL CONSENT FORM

I _____ freely and voluntarily and without any element of force or coercion, consent to allow my child _____ to take part in a sport and performance psychology performance enhancement training program with **John Olmsted**.

I understand that:

- My child may be asked several personal questions related to his/her performance.
- My child may be asked to take part in several performance enhancing techniques such as imagining things, setting goals, relaxing, and working with my child's team.
- My child's participation in this program is totally voluntary, and my child may stop their participation in this program at any time without penalty or loss of team status. The information that my child discusses in these sessions will be kept confidential, unless it meets one of the following conditions:

1. Abuse of a child, elderly person or person with disability.
Ethically, practitioners are bound to report all incidents of child, elder or person with disability abuse that may be revealed during session.

2. Self-harm.
Ethically, all threats of self-harm must be taken seriously. If a client threatens to harm him/herself, the practitioner must take action to protect that person and prevent such harm. In these cases, confidentiality may be broken to the extent necessary to ensure safety.

3. Threats to others.
Ethically and legally, threats of bodily harm against another person may have to be reported to authorities and to the person who is the target of the threat.

4. Threats to others' property.
Ethically and legally, threats to others' property may have to be reported to authorities and to the person who is the target of the threat.

5. Litigation.
If you are involved in or anticipate litigation of any kind and inform the court of the services that you received from us, you may be waiving your right to keep your records confidential. You may wish to consult an attorney regarding such matters before you disclose that you have received services.

In consideration of my child's participation in the performance psychology performance enhancement training program and by my rendering my consent to their participation, I acknowledge that I understand the foregoing terms and conditions, including the limitations of confidentiality.

By my signature below, I acknowledge that I have had the opportunity to clarify these limitations and understand them as set forth above. If any further questions arise, I may contact **John Olmsted**.

Parent (Print Name): _____

Parent Signature: _____

Date: _____

Telephone #: _____

Service Provider (Print Name): John Olmsted

Service Provider Signature: _____

Date: _____