Statement of Acknowledgement of MAAPP

I acknowledge that I have received, read and understood the Minor Athlete Abuse Prevention Policy and/or that the Policy has been explained to me or my family. I further acknowledge and understand that agreeing to comply with the contents of this Policy is a condition of my membership with Adair Swim Association.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Athlete Name: _____

Date: _____