ACKNOWLEDGEMENT OF USA SWIM MAAPP POLICY



I acknowledge that I have re	ceived, read and	understood th	ne Minor Athlet	e Abuse Preve	ntion
Policy and/or that the Policy	has been explain	ed to me or n	າy family. I furth	ner acknowledç	ge and
understand that agreeing to	comply with the c	ontents of this	s Policy is a co	ndition of my	
membership with	Lakewood Aqua	tics Sports C	ub		_(USA
Swimming member club).					
Name:					
Signature:					
Date:					
·	_				