Minor Athlete Abuse Prevention Policy (MAAPP)
Annual Acknowledgement Form

I acknowledge that I have received, read and understood the Minor Athlete Abuse Prevention Policy (MAAPP) for USA Swimming and/or USA Water Polo or that the Policies have been explained to me or my family. The full MAAPP Policies may be found on our team website at www.usawaterpolo.org, www.CommerceAquatics.org,and www.USASwimming.org/home/safe-sport.

I further acknowledge and understand that agreeing to comply with the contents of these Policies is a condition of my membership with Commerce Aquatics.

Athlete Name: _____

Athlete Signature: _____

Parent Name: _____

Parent Signature: _____

Date: _____