ROCK SWIM TEAM

MAAPP Acknowledgement Form: 2024-2025

I _____, parent and/or legal guardian of _____, a minor athlete, hereby acknowledge that I have received, read and understood the Minor Athlete Abuse Prevention Policy from Castle ROCK Swim Team. I further acknowledge and understand that agreeing to comply with the contents of this Policy is a condition of my membership with Castle Rock Swim Team and that of my athlete.

Additionally, I have reviewed this Minor Athlete Prevention Policy with _____, a minor athlete with Castle ROCK Swim Team.

_____	_____
Parent and/or Legal Guardian Signature	Athlete Signature
_____	_____
Parent and/or Legal Guardian Printed Name	Athlete Printed Name
_____	_____
Date Signed	Date Signed