

WRITTEN ACKNOWLEDGEMENT OF Minor Athlete Abuse Prevention Policy



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 the Southington YMCA RAYS Swim Team.

Name:		
Signature:		
Date:		
Date		