

Acknowledgment of Minor Athlete Abuse Protection 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 **Davenport Metro Swim Team**.

Name:		
Signature: _		
Date:		

^{*}This form must be signed, dated, and returned by every applicable adult on Davenport Metro Swim Team*