



ACKNOWLEDGEMENT OF MINOR ATHLETE 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 Blue Devil Swim Club (USA Swimming member club).

Name (Please Print) _____

Signature: _____

Swimmer(s) Name: _____

Date: _____