

Parent/Guardian MAAPP Policy Agreement

I acknowledge that I have received, read and unde	erstood the Minor Athlete Abuse Prevention
Policy and/or that the Policy has been explained to	o me or my family. I further acknowledge and
understand that agreeing to comply with the conte	nts of this Policy is a condition of my
membership with	(Lifetime Illinois Swim Team).
Namo:	
Name:	
Signature:	_
Date:	