



Indiana Swim Club MAAPP Acknowledgment Form

USA Swimming Safe Sport Program

Minor Athlete Abuse Prevention Policy (MAAPP) Acknowledgment Form

Club Name: _____

Season/Year: _____

Parent/Guardian Name: _____

Minor Athlete Name(s): _____

Purpose

USA Swimming requires all member families to review and acknowledge the **Minor Athlete Abuse Prevention Policy (MAAPP)**. MAAPP applies to all interactions between applicable adults and minor athletes in USA Swimming programs.

Acknowledgment

By signing below, I acknowledge the following:

1. I have received and reviewed the **USA Swimming Minor Athlete Abuse Prevention Policy (MAAPP)**.
2. I understand that MAAPP governs:
 - One-on-one interactions
 - Electronic communications
 - Transportation
 - Locker rooms & changing areas
 - Team travel
 - Massages / athletic training / recovery services
3. I agree to support and comply with MAAPP and the club's Safe Sport policies.
4. I understand that violations of MAAPP must be reported according to USA Swimming's reporting procedures.

Signatures

Parent/Guardian Signature: _____ Date: _____

Athlete Signature (if 18+): _____ Date: _____



Indiana Swim Club Consent for Massages, Rubdowns & Athletic Training Modalities

USA Swimming Safe Sport Program

Consent for Massage, Rubdowns, Recovery & Athletic Training Modalities

Club Name: _____

Minor Athlete Name: _____

Parent/Guardian Name: _____

Purpose

Under MAAPP, minor athletes may not receive massages, rubdowns, cupping, stretching, chiropractic, or recovery services from an Applicable Adult without **advance written consent**.

Consent

I give permission for my minor athlete listed above to receive massage, bodywork, athletic training, recovery, or similar services from a **licensed or certified provider** approved by the club.

I understand that:

- All services must be provided in an **observable and interruptible environment**.
- The provider must operate within their certification/licensure.
- Sessions must not occur in a one-on-one setting unless another adult is present.
- I may withdraw this consent at any time by notifying the club in writing.

Signatures

Parent/Guardian Signature: _____ **Date:** _____



Indiana Swim Club Local Transportation Consent Form

USA Swimming Safe Sport Program

Local Transportation Parent/Guardian Permission Form

Club Name: _____

Minor Athlete Name: _____

Parent/Guardian Name: _____

Purpose

MAAPP requires written permission for a minor athlete to be transported by an **Applicable Adult who is not the athlete's parent/guardian.**

Approved Individuals

I grant permission for my child to be transported by the following individuals for club-related purposes (select all that apply):

- ☐ Coaches
- ☐ Team volunteers/chaperones
- ☐ Other approved adults (list): _____

This permission applies to:

- ☐ To/from practice
- ☐ Local competitions
- ☐ Club events or activities
- ☐ Other (describe): _____

Acknowledgment

I understand that:

- Transportation must comply with MAAPP.
- One-on-one transportation is not permitted unless another adult or athlete is present.
- I may revoke this permission at any time by notifying the club.

Signature

Parent/Guardian Signature: _____ **Date:** _____



Indiana Swim Club Team Travel Consent Form

USA Swimming Safe Sport Program

Team Travel Permission & Acknowledgment Form

Club Name: _____

Minor Athlete Name: _____

Parent/Guardian Name: _____

Purpose

This form provides parent/guardian permission for minor athletes to participate in **team travel**, including travel coordinated or supervised by the club.

Travel Permissions

- ☐ I authorize my minor athlete to travel with the club for meets, training trips, or team events.
- ☐ My athlete may be transported by unrelated Applicable Adults as needed.
- ☐ My athlete may **NOT** be transported by unrelated Applicable Adults.

Acknowledgment

I understand that:

- All team travel will follow MAAPP.
- Lodging and room assignments must follow USA Swimming policies.
- One-on-one interactions during team travel must remain observable and interruptible.
- I may withdraw permission at any time.

Signature

Parent/Guardian Signature: _____ **Date:** _____



Indiana Swim Club Lodging Consent Form (Unrelated Adult Sharing a Room With a Minor Athlete)

(Matches MAAPP requirement for explicit written permission)

USA Swimming Safe Sport Program

Lodging Consent — Minor Athlete & Unrelated Adult

Club Name: _____

Minor Athlete Name: _____

Parent/Guardian Name: _____

Approved Adult: _____

Purpose

MAAPP prohibits minor athletes from sharing a hotel room or other overnight lodging with an Applicable Adult who is not a parent/guardian **unless written permission is provided in advance.**

Consent

I grant permission for my minor athlete to share lodging with the individual listed above for the following event:

Event/Meet Name: _____

Dates: _____

Acknowledgment

I understand that:

- This consent applies only to the event listed.
- The adult must comply with all MAAPP policies.
- I may revoke consent at any time with written notice.

Signature

Parent/Guardian Signature: _____ **Date:** _____



Indiana Swim Club Electronic Communication Permission Form

(Matches MAAPP communication rules)

USA Swimming Safe Sport Program

Electronic Communication Permission Form

Club Name: _____

Minor Athlete Name: _____

Parent/Guardian Name: _____

Purpose

MAAPP requires parent/guardian consent for certain direct electronic communications between Applicable Adults and minor athletes.

Consent Options

Select the types of communication you permit:

- ☐ Email
- ☐ Text messaging
- ☐ Team app (e.g., TeamUnify, SportsEngine, GroupMe)
- ☐ Group communication only
- ☐ Individual communication is allowed (parent must be copied)

Acknowledgment

I understand that:

- All communications must be professional, appropriate, and related to team activities.
- Parents must be copied on all one-on-one communications.
- I may revoke consent at any time.

Signature

Parent/Guardian Signature: _____ **Date:** _____