



Please watch the video to learn about the MAAPP policy.  
Then sign and return to a coach.  
[www.usaswimming.org/maapp](http://www.usaswimming.org/maapp)

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 Trojan Aquatic Club.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Athlete Name(s): \_\_\_\_\_