

## MINOR ATHLETE ABUSE PROTECTION POLICY ACKNOWLEDMENT STATEMENT



My signature verifies that I have reviewed and agree to follow the <u>Minor Athlete Abuse Protection Policy (MAAPP)</u> set forth by USA Swimming. I understand the policy is effective on <u>June 23, 2019</u>. I understand I am in violation of the policy if I do not abide by the policy in full.

Signature	Date
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Signature	Date
Signature C	Dutc



Team Name	Head Coach	
	Safe Sport Coordinator	

Printed Name (parent, guardian, swimmer, coach, non-athlete member)  Date  (parent, guardian, swimmer, coach, non-athlete member)		Role	
coach, non-athlete member)	Printed Name		Date
		coach, non-athlete member)	





