



MINOR ATHLETE ABUSE PROTECTION POLICY ACKNOWLEDGMENT STATEMENT



My signature verifies that I have reviewed and agree to follow the **Minor Athlete Abuse Protection Policy (MAAPP)** set forth by USA Swimming. I understand the policy is effective on **June 23, 2019**. 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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