

**Minor Athlete Abuse Prevention Policy Acknowledgement**



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 Life Time Philly Swim Team.

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

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

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