

WRITTEN ACKNOWLEDGEMENT OF MINOR ATHLETE ABUSE PREVENTION POLICY

I acknowledge that I have received, read and	d understood the Minor Athlete Abuse Prevention
Policy and/or that the Policy has been explain	ned 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	the Elizabethtown Aquatic Club.
Name:	
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Signature:	
Date:	