



## WRITTEN ACKNOWLEDGEMENT OF MAAPP POLICY

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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 Freedom Aquatics Swim Club.

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

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

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