



**ACKNOWLEDGEMENT OF THE USA SWIMMING**  
**MINOR ATHLETE ABUSE PREVENTION POLICY (MAAPP)**

I acknowledge that I have received, read, and understood the USA Swimming Minor Athlete Abuse Prevention Policy. I further acknowledge and understand that agreeing to comply with the contents of this Policy is a condition of my membership with Viking Aquatic Club, as required by USA Swimming (a USA Swimming member club).

Parent/Guardian Name: \_\_\_\_\_

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

Parent/Guardian Name: \_\_\_\_\_

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

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

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