



Greensboro Community YMCA Swim Team

ACKNOWLEDGEMENT OF MAAPP (MINOR ATHLETE ABUSE PREVENTION POLICY)

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 the **Greensboro Community YMCA Swim Team.**

Name: _____

Signature: _____

Date: _____



Greensboro Community YMCA Swim Team

PERMISSION FOR A LICENSED MASSAGE THERAPIST OR OTHER CERTIFIED PROFESSIONAL OR HEALTH CARE PROVIDER TO TREAT A MINOR ATHLETE

I, _____, legal guardian of _____, a minor athlete, give express written permission, and grant an exception to the Minor Athlete Abuse Prevention Policy for _____ (massage therapist or other certified professional) to provide a massage, rubdown and/or athletic training modality on

_____ (minor athlete) on _____ (date)

at _____ (location). The massage, rubdown or athletic training modality must be done with at least one other adult present in the room and must never be done with only _____ (minor athlete) and _____ (massage therapist or other certified professional) in the room. I acknowledge that I have the right to observe the massage, rubdown or athletic training modality. I further acknowledge that this written permission is valid only for the dates and location specified herein.

Legal Guardian Signature: _____

Date: _____



Greensboro Community YMCA Swim Team

PERMISSION FOR AN UNRELATED ADULT ATHLETE TO SHARE THE SAME HOTEL, SLEEPING ARRANGEMENT OR OVERNIGHT LODGING LOCATION WITH MINOR ATHLETE

I, _____, legal guardian of _____, a minor athlete, give express written permission, and grant an exception to the Minor Athlete Abuse Prevention Policy for _____ (minor athlete), to stay in the same hotel room of, or share a sleeping arrangement or other overnight lodging location with _____ (unrelated adult athlete) at _____ (location of hotel room or other overnight lodging location) from _____ to _____ (dates of applicable rooming arrangement). I further acknowledge that this written permission is valid only for the dates and location specified herein.

Legal Guardian Signature: _____

Date: _____



Greensboro Community YMCA Swim Team

PERMISSION FOR AN UNRELATED APPLICABLE ADULT TO PROVIDE LOCAL TRANSPORTATION TO MINOR ATHLETE

I, _____, legal guardian of _____, a minor athlete, give express written permission, and grant an exception to the Minor Athlete Abuse Prevention Policy for _____, an unrelated Applicable Adult, to provide local vehicle transportation to _____ (minor athlete) to _____ (destination) on _____ (date(s)) at _____ (approximate time), and further acknowledge that this written permission is valid only for the transportation on the specified date and to the specified location.

Legal Guardian Signature: _____

Date: _____



Greensboro Community YMCA Swim Team

PERMISSION FOR AN UNRELATED APPLICABLE ADULT TO TRAVEL TO COMPETITION ALONE WITH MINOR ATHLETE

I, _____, legal guardian of _____, a minor athlete, give express written permission, and grant an exception to the Minor Athlete Abuse Prevention Policy for _____ (minor athlete), to travel with _____ (Applicable Adult), to travel from _____ (point of origin) to _____ (destination) to attend the _____ (name of competition) from _____ to _____ (dates of travel to competition).

I acknowledge that _____ (minor athlete) cannot share a hotel room, sleeping arrangement or other overnight lodging location with _____ (Applicable Adult) at any time. I further acknowledge that this written permission is valid only for the dates and location specified herein.

Legal Guardian Signature: _____

Date: _____