



I acknowledge that I have received, read, and understood the Minor Athlete Abuse Prevention Policy 2.0 (MAAPP 2.0) 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 North Coast Aquatic Team (USA Swimming member club).

Name: _____

Signature: _____

Date: _____