Minor Athlete Abuse Prevention Policy Ackowledgement



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 <u>Life Time Dallas/Fort Worth Swim Team</u>.

Name:			
Signature: _			
Date:			