

BGSC 2024-2025 fall/winter/spring/summer

This form only needs to be completed once from 9/1/24-8/31/25

Return to bgscgatorsheadcoach@gmail.com

WRITTEN ACKNOWLEDGEMENT OF POLICY

Bowling Green Swim Club



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 Bowling Green Swim Club (USA Swimming member club).

Name: _____

Signature: _____

Date: _____

Acknowledge Receipt of Ohio Department of Health Concussion Info Sheet

I hereby acknowledge receiving from the Bowling Green Swim Club a copy of the Ohio Department of Health Concussion Information Sheet For Youth Sports Organizations. I understand that it is my responsibility to read this information and communicate it with my swimmer/s.

Please contact our Head Coach, Carolyn Strunk, bgscgatorsheadcoach@gmail.com, for a copy of the concussion info document. It is also posted on our website. Parents only need to sign this document **ONCE** from **9/1/24-8/31/25**.

Print Parent Name (neatly): _____

Parent Signature: _____

Date: _____

Athlete Name/s: _____
