

**BGSC 2025-2026 fall/winter/spring/summer**

**This form only needs to be completed once from 9/1/25-8/31/26**

**Return to [bgscgatorsheadcoach@gmail.com](mailto: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: \_\_\_\_\_

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**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](mailto: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: \_\_\_\_\_

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