WTRC Sharks Swim Team

Guest Swimmer MAAPP Acknowledgement Form

I acknowledge that I have received, read, and understood the WTRC Sharks Swim Team Minor Athlete Abuse Prevention Policy and/or that the Policy has been explained to me or my family. I further acknowledge and understand that permission to practice with the WTRC Sharks Swim Team (USA Swimming Member Club) as a Guest Swimmer is contingent upon agreeing to comply with the contents of this Policy.

Name: _____

Signature: _____

Date: _____