WRITTEN ACKNOWLEDGEMENT OF POLICY



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 Pacific Dragons Swim Team (PDST).

Name:	(Guardian/Parents)
Signature:	(Guardian/Parents)
Date:	
PDST Swimmer names:	