WRITTEN ACKNOWLEDGEMENT OF

MAAPP 2.0 POLICY

And

Volunteering Requirements

YMCA Fairfax County Reston

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 YMCA FAIRFAX COUNTY RESTON WATER WOLVES.

I acknowledge that swim meets are volunteer intensive events. I agree to volunteer a ***minimum*** of 12 hours (per family) during the Swim Season (September through May). If this requirement is not met, a fee in the amount of $150 (or pro-rated) will be assessed before completion of the season or cancellation of team membership.

Parent's Name: _____

Signature: _____

Date: _____