ACKNOWLEDGEMENT OF 2025 USA Swimming MAAPP POLICY

Ozaukee Aquatics

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 _____(USA Swimming member club).

Name: _____

Signature: _____

Date: _____