



Powell Swim Club
PO Box 624
Powell WY 82435

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 and/or affiliation with Powell Swim Club

Name: _____

Signature: _____

Date: _____