

Minor Athlete Abuse Prevention Acknowledgement







FLUSHING YMCA

ACKNOWLEDGEMENT OF POLICY

I acknowledge that I have <u>received</u>, <u>read and understood the Minor Athlete Abuse Prevention Policy</u> 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 Flushing Flyers Aquatic Club – Flushing YMCA.

PARENT'S SIGNATURE	DATE	
DADENT'S NAME (DI EASE DRINT)		

PARENT'S NAME (PLEASE PRINT