ACKNOWLEDGEMENT OF MAPP 2.0 POLICY





I acknowledge that I have received, read and under	erstood the Minor Athlete Abuse Prevention
Policy and/or that the Policy has been explained to	o me or my family. I further acknowledge and
understand that agreeing to comply with the conte	nts of this Policy is a condition of my
membership with	(USA Swimming member club).
Name:	
Name:	
Signature:	<u> </u>
Date:	