

CONFIRMATION OF RECEIPT OF CYCLONES TEAM HANDBOOK

Please fill in your name and the swimmer(s) name(s) where indicated below and sign at the bottom to acknowledge that you have received, read and understand the policies contained within the Cooper City Cyclones Team Handbook.

NAME: _____

Swimmer(s) Name(s):

1. _____

2. _____

3. _____

4. _____

SIGNATURE: _____

DATE: _____

Please return the signed and dated copy of this form to Sherley Burge (please place in her folder poolside). For any questions, you may contact

Sherley at sherleywherley@bellsouth.net.