



## **Minor Athlete Abuse Prevention Policy (MAAPP)**

*(signature required)*

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 **Kachemak Swim Club** (USA Swimming member club).

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Name

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Signature(s)

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Date

*\*Please find and read the USA Swimming Minor Athlete Abuse Prevention Policy (MAAPP), found on our website under Safe Sport.*