



# BETHEL PARK RECREATION SWIM TEAM



**BETHEL PARK RECREATION SWIM TEAM**  
**WRITTEN ACKNOWLEDGEMENT OF**  
**MAAPP POLICY**

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 Bethel Park Recreation Swim Team.

**NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**MISSION:** Creating Olympic caliber citizens through excellence in swimming.  
**VISION:** To be one of the examples of swimming excellence in the country.  
**Dream your biggest. Work your hardest. Be your greatest.**



# BETHEL PARK RECREATION SWIM TEAM



## SAMPLE WRITTEN PERMISSION FOR AN UNRELATED APPLICABLE ADULT TO TRAVEL TO COMPETITION ALONE WITH MINOR ATHLETE

**BETHEL PARK RECREATION SWIM TEAM**  
**PERMISSION FOR AN UNRELATED**  
**APPLICABLE ADULT TO TRAVEL TO**  
**COMPETITION ALONE WITH A MINOR**  
**ATHLETE**

I, \_\_\_\_\_, legal guardian of \_\_\_\_\_, a

minor athlete, give express written permission, and grant an exception to the Minor Athlete Abuse Prevention

Policy for \_\_\_\_\_ (minor athlete), to travel with

\_\_\_\_\_ (Applicable Adult), to travel from \_\_\_\_\_

(point of origin) to \_\_\_\_\_ (destination) to attend the

\_\_\_\_\_ (name of competition) from \_\_\_\_\_ to \_\_\_\_\_

(dates of travel to competition).

I acknowledge that \_\_\_\_\_ (minor athlete) cannot share a hotel room, sleeping

arrangement or other overnight lodging location with \_\_\_\_\_ (Applicable

Adult) at any time. I further acknowledge that this written permission is valid only for the dates and location

specified herein.

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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# BETHEL PARK RECREATION SWIM TEAM



**BETHEL PARK RECREATION SWIM TEAM**  
**PERMISSION FOR AN UNRELATED**  
**APPLICABLE ADULT TO PROVIDE LOCAL**  
**TRANSPORTATION TO A MINOR**  
**ATHLETE**

I, \_\_\_\_\_, legal guardian of \_\_\_\_\_, a  
minor athlete, give express written permission, and grant an exception to the Minor Athlete Abuse Prevention  
Policy for \_\_\_\_\_, an unrelated Applicable Adult to provide  
local vehicle transportation to \_\_\_\_\_ (minor athlete) to  
\_\_\_\_\_ (destination) on \_\_\_\_\_ (date(s))  
at \_\_\_\_\_ (approximate time), and further acknowledge that this written permission is valid only for the  
transportation on the specified date and to the specified location.

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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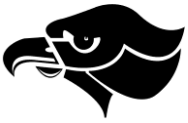
**BETHEL PARK RECREATION SWIM TEAM**  
**PERMISSION FOR A MENTAL HEALTH**  
**CARE PROFESSIONAL OR HEALTH CARE**  
**PROVIDER TO HAVE ONE-ON-ONE**  
**INTERACTION WITH A MINOR ATHLETE.**

I, \_\_\_\_\_, legal guardian of \_\_\_\_\_, a  
 minor athlete, give express written permission, and grant an exception to the Minor Athlete Abuse Prevention  
 Policy for \_\_\_\_\_, a mental health care professional  
 and/or health care provider, to have a one-on-one interaction with \_\_\_\_\_  
 (minor athlete) in conjunction with participation in the sport of swimming on \_\_\_\_\_ (date) from  
 \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm.

I acknowledge that this one-on-one interaction may be a closed-door meeting, provided that the door remains  
 unlocked; another adult is present at the facility; and the other adult at the facility is advised that a closed-  
 door meeting is occurring. I further acknowledge that this written permission is valid only for the dates and  
 location specified herein.

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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# BETHEL PARK RECREATION SWIM TEAM



**BETHEL PARK RECREATION SWIM TEAM  
PERMISSION FOR A LICENSED MESSAGE  
THERAPIST OR OTHER CERTIFIED  
PROFESSIONAL OR HEALTH CARE  
PROVIDER TO TREAT A MINOR  
ATHLETE.**

I, \_\_\_\_\_, legal guardian of \_\_\_\_\_, a  
minor athlete, give express written permission, and grant an exception to the Minor Athlete Abuse Prevention  
Policy for \_\_\_\_\_ (massage therapist or other certified  
professional) to provide a massage, rubdown and/or athletic training modality on \_\_\_\_\_  
(minor athlete) on \_\_\_\_\_ (date) at \_\_\_\_\_ (location). The  
massage, rubdown or athletic training modality must be done with at least one other adult present in the room  
and must never be done with only \_\_\_\_\_ (minor athlete)  
and \_\_\_\_\_ (massage therapist or other certified professional) in the room.  
I acknowledge that I have the right to observe the massage, rubdown, or athletic training modality. I further  
acknowledge that this written permission is valid only for the dates and location specified herein.

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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