



Swim Team

I acknowledge that I have received, read and understood the Minor Athlete Abuse Prevention Policy (MAAPP) 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 Orange Regional Competitive Aquatics – ORCA (USA Swimming member club).

Swimmer Name (s):

Print: _____ Signature: _____ Date: _____

Print: _____ Signature: _____ Date: _____

Print: _____ Signature: _____ Date: _____

Print: _____ Signature: _____ Date: _____

Parent/Guardian Name (s):

Print: _____ Signature: _____ Date: _____

Print: _____ Signature: _____ Date: _____