***Paseo Aquatics MAAPP 2.0 Acknowledgement***



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 Paseo Aquatics LLC 501(c)3 and **if this acknowledgement is not returned to** [**admin@paseoaquatics.org**](mailto:admin@paseoaquatics.org) **by August 15th, that our registered swimmer(s) may not attend practices or meets until it is received and recorded, as this is a mandated USA Swimming requirement.**

Printed Guardian/Parent(s) Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Swimmer(s) Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: