



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 Area Tallahassee Aquatic Club (ATAC).

Swimmer(s) _____

Parent Name: _____(please print legibly)

Parent Signature: _____

Date: _____