

ACKNOWLEDGMENT - MAAPP

Magnolia Aquatic Club

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 the Magnolia Aquatic Club.

Parent Name (Please Print)

Parent Signature

Date

Coach Signature

Date