

# MACR SHARKS – POLICY ACKNOWLEDGEMENT FORM



---

## MACR SHARKS MAAPP POLICY ACKNOWLEDGEMENT FORM

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 MACR Sharks Swim Team.

Legal Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_