

LAKE CENTRAL BARRACUDAS



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 Lake Central Barracudas (LCB).

Parent Name: _____

Signature: _____

Date: _____

Swimmer Name: _____ Swimmer Name: _____

Swimmer Name: _____ Swimmer Name: _____