WRITTEN ACKNOWLEDGEMENT OF POLICY

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 Ashland Area YMCA Swim Team (USA Swimming member club).

Each Household must print and have both Guardians and all Swimmers in the Household sign below. Then return to the Aquatics Supervisor's box at the Y by December 10, 2019.

NAME	SIGNATURE	DATE