



ACKNOWLEDGMENT OF RECEIPT OF MINIOR ATHLETE ABUSE PREVENTION 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 Motor City Aquatics.

Athlete Name: _____

Athlete Signature: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____