***BTST WRITTEN ACKNOWLEDGEMENT OF MAAPP 2.0 POLICY***

***Butte Tarpon Swim Team***



I acknowledge that I have received, read, and understood the Minor Athlete Abuse Prevention Policy 2.0 and/or that the MAAPP 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 Butte Tarpon Swim Team.

This document may be signed electronically. This form must be completed annually. Please return to Susan Huckeby.

Name (print):

Signature:

Date: