



_____Family (Name)

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 Weymouth Waves.

Parent/Guardian: _____

Swimmer: _____

Swimmer: _____

Swimmer: _____

Date: _____