



SCARLET AQUATICS: NJ WAVE DIVISION  
A NJ Non-Profit Organization

**MINOR ATHLETE ABUSE PREVENTION POLICY (MAAPP)**

**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 **Scarlet Aquatics-NJ Wave**.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_