

**ACKNOWLEDGEMENT OF TAC Riptide Swim Team MAAP 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 **The Atlantic Club Riptide Swim Team** (USA Swimming member club).

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

Name: \_\_\_\_\_ (please print legibly)

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