



## Minor Athlete Abuse Prevention Policy form

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 City Swim Project/Buffalo TIDE.

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

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

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



## Permission for Local Transportation form

I, \_\_\_\_\_, legal guardian of \_\_\_\_\_,  
a minor athlete, give express written permission, and grant an exception to the Minor Athlete  
Abuse Prevention Policy for \_\_\_\_\_, an unrelated Applicable Adult to  
provide local vehicle transportation to \_\_\_\_\_ (minor athlete)  
to \_\_\_\_\_ (destination) on \_\_\_\_\_ (date(s))  
at \_\_\_\_\_ (approximate time), and further acknowledge that this written permission is valid  
only for the transportation on the specified date and to the specified location.

Legal Guardian Signature: \_\_\_\_\_

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



## Permission for Travel to Local Competition form

I, \_\_\_\_\_, legal guardian of \_\_\_\_\_,  
a minor athlete, give express written permission, and grant an exception to the Minor Athlete  
Abuse Prevention Policy for \_\_\_\_\_ (minor athlete), to travel with  
\_\_\_\_\_ (Applicable Adult), to travel from \_\_\_\_\_  
(point of origin) to \_\_\_\_\_ (destination) to attend the  
\_\_\_\_\_ (name of competition)  
from \_\_\_\_\_ to \_\_\_\_\_ (dates of travel to competition).

I acknowledge that \_\_\_\_\_ (minor athlete) cannot share a hotel room,  
sleeping arrangement or other overnight lodging location with \_\_\_\_\_  
(Applicable Adult) at any time. I further acknowledge that this written permission is valid only for  
the dates and location specified herein.

Legal Guardian Signature: \_\_\_\_\_

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