



I, _____, (print guardian's name) 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 Poulsbo Piranhas Swim Team.

Signature: _____

Date: _____

Swimmer's Name(s): _____