



Occoquan Swimming, Inc.

Minor Athlete Abuse Prevention Policy

Adult Member Acknowledgement

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 Occoquan Swimming.

Name: _____

Signature: _____ Date: _____