



CAPITAL AREA AQUATICS

WRITTEN 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 CAPITAL AREA AQUATICS (USA Swimming member club).

Parent/Legal Guardian Signature

Date

Parent/Legal Guardian Printed Name

Swimmer Name

Last update 7/24/2021