

VALLEJO AQUATIC CLUB



I acknowledge that I have received, read and understood the Minor Athlete Abuse Prevention Policy (MAAPP) 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 Vallejo Aquatic Club (USA Swimming member club).

Name: _____

Signature: _____

Date: _____

Name: _____

Signature: _____

Date: _____

Name: _____

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Date: _____

Name: _____

Signature: _____

Date: _____