

I acknowledge that I have	e received, read and understood t	he Minor Athlete Abuse Prevention
Policy and/or that the Po	olicy has been explained to me or r	my family. I further acknowledge and
understand that agreein	g to comply with the contents of th	is Policy is a condition of my
membership with	SHARKS SWIM CLUB	(USA Swimming member club).
Name		
Name:		_
Signature:		_
Date:		