



**Acknowledgement of MAAPP2.0
Updated September 1, 2021**

I acknowledge that I have read and understand 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 LAKERIDGE SWIM TEAM (USA Swimming member club).

Swimmer Name(s): _____

Signature: _____

Guardian/Parent/Coach Name(s): _____

Signature: _____

Date: _____