



FLORIDA ATLANTIC AQUATICS

“ WRITTEN ACKNOWLEDGMENT of Policy ”

I, _____, as the parent/legal guardian of _____, a minor athlete, 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 Florida Atlantic Aquatics (USA Swimming Member Club).

I understand that my minor athlete or I can withdraw consent for any time.

If you have any questions, please email do not hesitate to email us at FloridaAtlanticAquatics@gmail.com

PARENT / LEGAL GUARDIAN - PRINT NAME

DATE

PARENT / LEGAL GUARDIAN SIGNATURE