



COLONEL CRAWFORD SWIM TEAM

Safe Sport – Minor Athlete Abuse Prevention Policy (MAAPP)

By signing this contract, I acknowledge that I have read over and shared the material of Safe Sport: Minor Athlete Abuse Prevention Policy (MAAPP) with my athlete. I understand that the safety of my athlete is important to the Colonel Crawford Swim Team and if I have concerns or issues with an applicable adult, I will notify a Colonel Crawford Swim Team staff member.

Parent Name: (Please Print)

Parent Signature:

Athlete Name(s): (Please Print)

Date: _____