

**OREGON SWIMMING ACKNOWLEDGEMENT OF POLICY**



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 (Oregon Swimming, INC) 2024. \_\_\_\_\_

Name: \_\_\_\_\_

Signature(parent/guardian): \_\_\_\_\_

Signature(participant): \_\_\_\_\_

Date: \_\_\_\_\_