

PLAYER/ADULT PROTECTION GUIDELINES ACKNOWLEDGEMENT STATEMENT

I/We have received and reviewed the **PLAYER/ADULT PROTECTION GUIDELINES**. I/We understand that our soccer association will use these guidelines as the basis for decisions made regarding the conduct of those who participate in coaching, training, or other activities that bring them into direct contact with the youth of the organization.

Print name of Parent/Custodial Adult _____

Signature of Parent/Custodial Adult _____

Print Player's Name _____

Team _____ Age Group _____

