

NVSL TEAM INSURANCE/REQUIRED TRAINING VOUCHER

- Read this document and agree to its requirements
- Sign and date the voucher
- Return completed voucher **by Friday, May 23rd, 2025** to:

Carrie O'Hara
NVSL Treasurer
1909 Bridle Lane
Alexandria, VA 22308-2209
oharas1@cox.net

Voucher can be emailed or mailed separately or with team dues/insurance payment.

Pool/Swim/Dive Team Name _____

As Team Representative(s), I certify the following:

All athletes/parents on the roster will complete, submit, and sign the athlete's "Participation Waiver" prior to their first swim/dive team practice or meet. As Team Representative, I will be able to forward a copy of the NVSL Participation Waiver from any of the participants on my team at the request of the NVSL Board.

I have read and agree to the standards listed in the "NVSL Safe Practice Guidelines" document and will have our coaches read and follow the standards in the Guidelines.

I affirm that our Team's Team Representatives and Coaches have completed the required SafeSport training through the NVSL's League link provided to all teams.

I affirm that our Team's Coaches have completed the annual Concussion Awareness training required by the League. I will be able to forward a copy of the team coaches' training completion certificates at the request of the NVSL Board.

I have read and will complete the "Pool Safety Checklist" document and pass on to our coaches to read and follow the standards.

I have read and understand the role of a Marshal as described in the "Marshal's Duties" document and will pass on to our head of officials and have copies available at our meets to those volunteering as Marshals.

I understand that these guidelines are not all inclusive and that our team will do everything possible to conduct safe practices and meets at our home pools and while being hosted at other NVSL pools.

At least one Team Representative from our team acknowledges the above and signs below:

TEAM REPRESENTATIVE

DATE

TEAM REPRESENTATIVE

DATE