

- **CAREFULLY** read the “NVSL Team Insurance Waiver” and adhere to its requirements.
- **Sign and date the waiver.**
- **Return completed waiver *prior to first practice* to your Division Coordinator**

## NVSL TEAM INSURANCE WAIVER

**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 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.

\_\_\_\_\_  
TEAM REPRESENTATIVE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TEAM REPRESENTATIVE

\_\_\_\_\_  
DATE

# NVSL CONCUSSION AWARENESS TRAINING TEAM REP VOUCHER

- **CONFIRM** that all your Team's Coaches have completed the CDC's Heads-Up Concussion Awareness Training and submitted to you their certificates of completion.
- Sign and date the waiver.
- Email completed waiver **prior to first practice** to your [Division Coordinator](#)

Pool/Swim/Dive Team Name \_\_\_\_\_

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

All of my team's coaches have taken the CDC's online Heads-Up Concussion Awareness training, submitted their completion certificates to me prior to our first swim/dive team practice or meet. As Team Representative, I will be able to forward a copy of the Heads-Up Concussion Awareness training completion certificate from any of the coaches on my team at the request of the NVSL Board.

I have read the "Concussion Information" document and will have our coaches read the Concussion Fact Sheet for coaches.

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.

\_\_\_\_\_  
TEAM REPRESENTATIVE

\_\_\_\_\_  
DATE

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TEAM REPRESENTATIVE

\_\_\_\_\_  
DATE