

2025 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 23, 2025**, to:

Susan E. Mitchell
NVSL Vice President (Diving)
Susan.Mitchell8894@gmail.com

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

Pool/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 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 affirm that our Team Representatives and Coaches will complete the required SafeSport training through the NVSL's League link provided to all teams, by the first dive practice or meet. I affirm that our Team's Coaches will complete 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 affirm that our Team Representatives and Coaches have read the "Diving Board Safety and Maintenance Memo" regarding cleaning slippery diving boards, taking care of worn-out board surfaces, and tightening nuts/bolts on diving boards.

I affirm that our Team Representatives and Coaches have read and will abide by the standards set forth in the "NVSL Standards of Conduct" memorandum posted on the NVSL website.

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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DATE