

Northern Kentucky Swim League
Participants' Code of Conduct and Waiver & Release Form

Waiver & Release

As the parent or legal guardian of the child(ren) listed below, I hereby give my full consent and approval for my child(ren) to participate in swimming, diving or both swimming and diving in the Northern Kentucky Swim League ("NKSL") and an affiliated team. I understand that there are certain risks of injury inherent in the practice and play of these sports, as well as in traveling and other related activities incidental to my child(ren)'s participation in these sports, and I assume these risks on behalf of myself and my child(ren). I hereby certify that my child(ren) is fully capable of participating in these sports and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities. Parents and legal guardians are obligated to alert NKSL team coaches of any physical or mental ailment that may impact the safety of their child(ren) or others.

In addition to giving my full consent for my child(ren)'s participation in the NKSL and an affiliated team, I agree to permit my child(ren) to participate in all Five Seasons Gators Swim and Dive Team ("Five Seasons Gators") activities at their own risk and recognize there are inherent risks involved, including potential physical injuries. On behalf of myself and my child(ren), I agree to pay for any and all medical expenses incurred and agree to indemnify and hold harmless the Five Seasons Family Sports Club, its elected officials, employees, the instructors, fellow participants, volunteers and others affiliated with the and/or NKSL from any and all liabilities, claims demands, actions or causes of actions resulting from any physical injuries arising from, related to or in connection with my child(ren)'s participation in the NKSL and Five Seasons Gators}, whether the result of negligence or any other cause.

Code of Conduct

Participation of children and families in the NKSL and its affiliated teams is a privilege, not a right. By signing below on behalf of him/herself and his/her child(ren), you and your child(ren) agree to adhere to the following Code of Conduct at all NKSL or affiliated team activities, practices and competitions:

- Communicate in only a considerate and respectful manner with all athletes, coaches, volunteers, officials and spectators;
- Be a positive role model by demonstrating positive support for all athletes, coaches, volunteers, officials and spectators;
- Not engage in booing, taunting, profane language or gestures;
- Resolve conflicts without resorting to hostility or violence;
- Treat all athletes, coaches, volunteers, officials and spectators with respect regardless of race, creed, color, gender, sexual orientation or ability;
- Not ever ridicule or yell at any athlete (including your child(ren)) for making a mistake or losing a competition;
- Respect the officials and their authority during all competitions and communicate **only** through my team's coaches or NKSL delegate regarding any questions, comments or concerns I have about decisions made by officials at competitions or the operation of any competition; and,
- Refrain from coaching any athletes (including your child(ren)) during competitions and practices.

Violators of this Code of Conduct are subject to removal from NKSL and team practices, activities and competition, either temporarily or permanently, by the NKSL or affiliated teams.

I have read and understand the nature of this document and have had an opportunity to review this document and consult with an attorney prior to my execution.

Parent/Legal Guardian Signature	Date
1. _____	_____
Name of Child	Date of Birth
Please list any physical limitations (allergies, hearing, sight, etc.):	
Designated Sport: <u>Swimming / Diving / Both (circle one)</u>	
2. _____	_____
Name of Child	Date of Birth
Please list any physical limitations (allergies, hearing, sight, etc.):	
Designated Sport: <u>Swimming / Diving / Both (circle one)</u>	
3. _____	_____
Name of Child	Date of Birth
Please list any physical limitations (allergies, hearing, sight, etc.):	
Designated Sport: <u>Swimming / Diving / Both (circle one)</u>	

Street Address

City

State