

**Suburban Aquatic League
Operating Procedures and By-Laws Agreement
2025-2026 Season**

Team Name: _____

Pool Location: _____

We agree that we are aware of and will abide by the Operating Procedures and By-Laws of the Suburban Aquatic League. We acknowledge the insurance requirements set forth by the league and agree to carry the required insurance and to name the Suburban Aquatic League as an additional insured on our policy.

Team President

Date: _____

Girls Representative

Date: _____

Boys Representative

Date: _____

Diving Representative

Date: _____