



Compliance Statement for HB 1824 Youth Sports-Head Injury Policies and SB 5083 Sudden Cardiac Arrest Awareness

(Attach to any building/facility use request form)

_____ SCHOOL DISTRICT

_____ requests the use of the _____ School District facilities for the following dates:

| <u>Date</u> | <u>Activity</u> | <u>Fields</u> |
|-------------|-----------------|---------------|
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_____, a private non-profit youth sports group, verifies all coaches, athletes and their parent/guardian have complied with mandated policies for the **Management of Concussions and Head Injuries** as prescribed by HB 1824, section 2 and **Sudden Cardiac Arrest Awareness** as prescribed by SB 5083, section 3.

Attached is a proof of insurance under an accident and liability policy issued by an insurance company authorized to do business in Washington State covering any injury or damage with at least \$50,000 due to bodily injury or death or one person and at least \$100,000 due to bodily injury or death to two or more persons.

Signed:

Representative of Private Non-Profit Youth Sports Group

_____(Date)

*Note: Access to school facilities may not be granted until all requirements of this application are complete and approved by the school district &/or designee.

7/15/2015