

_____ SCHOOL DISTRICT

Compliance Statement for HB 1824, **Youth Sports-Head Injury Polices**
and SB 5083, **Sudden Cardiac Arrest Awareness.**

(attach to any building/facility use request form)

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

_____, 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-Private 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.

7/6/15