



_____ SCHOOL DISTRICT

Compliance Statement for HB 1824, Youth Sports-Head Injury Policies

_____ 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.

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.