

**COMPLIANCE STATEMENT FOR YOUTH SPORTS – HEAD INJURY,
CONCUSSION, AND SUDDEN CARDIAC ARREST**

1. Name of organization requesting the facility: _____
2. Are you a private non-profit youth sports group? ☐ YES ☐ NO, if no, skip to #6
3. _____ requests the use of the Clarkston School District facilities for the following dates: _____
4. _____, a private non-profit youth sports group, verifies all coaches, athletes and their parent/guardian have complied with mandated requirements for the management of concussions, head injuries and sudden cardiac arrest as prescribed by state law (HB 1824, Section 2).
5. **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 to one person and at least \$100,000 due to bodily injury or death to two or more persons.
6. Signed: _____ Printed Name: _____
(Representative of Private Non-Profit Youth Sports Group – or Acknowledgement that this is not a 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 and/or designee.