



# Woodland School District #404

(This form will be completed with the facility request application.)

\_\_\_\_\_ requests the use of the Woodland School District facilities \_\_\_\_\_  
(representative of group) (specific facility)

during the \_\_\_\_\_ school year, for \_\_\_\_\_, and hereby verifies that all coaches, parents  
(ex. 2017-18) (group name)

and participants (if under 18) have been made aware of the warning signs and risk involved with Concussions and Sudden Cardiac

Arrest (see WSD Concussion and Sudden Cardiac Arrest Information Sheets).

**If you are affiliated with a non-profit organization and are conducting an event that involves physical activity of any sort (ex. AYSO, Knights of Columbus, Little League, USA Wrestling, etc...), you must provide 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 for one person and at least \$1,000,000 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.

I have read and understand both the WSD Concussion and Sudden Cardiac Arrest Informational Handouts and agree to share this information with all participants that are involved in the activity I am overseeing.

\_\_\_\_\_  
Applicant Name Applicant Signature Date