

CENTRAL KITSAP SCHOOL DISTRICT #401

9210 Silverdale Way NW, Silverdale, WA 98383

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

_____ 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.