



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

(Attach to all building/facility use request forms)

WEST VALLEY SCHOOL DISTRICT #363

_____ request the use of the West Valley School District facilities for the following dates:

Date	Activity	Specific School

_____, 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 (for more information, please see <http://www.cdc.gov/headsup/index.html>) and complete training for **Sudden Cardiac Arrest Awareness** as prescribed by SB 5083, section 3 at <https://nfhslearn.com/courses/61032>.

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:

Date:

Representative of Private Non-Profit Youth Sports Group

*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.