



Statement of Compliance for Management of Concussion, Head Injury and Sudden Cardiac Arrest

Name of Organization/Youth Sports Group

requests the use of Valley School District athletic and/or recreational facilities for the following date(s)/time(s):

Date(s) / Time(s)

Date(s) / Time(s)

Date(s) / Time(s)

Name of Organization/Youth Sports Group, a private non-profit youth

sports group, verifies all coaches, student/athletes and their parent/guardian(s) have complied with mandated policies for:

- (a) **Management of concussions and head injuries** as prescribed by RCW 28A.600.190
- (b) **Sudden cardiac arrest awareness and training** as prescribed by RCW 28A.600.195

Attached is 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:

Name of Representative

Signature

Date

*Note: Access to school facilities may not be granted until all requirements of this application are complete and approved by the building authority or designee. RCW 4.24.660