



8489 MADISON AVENUE NE * BAINBRIDGE ISLAND, WASHINGTON 98110-2999 * (206)842-4714 * FAX(206)842-2928

BAINBRIDGE ISLAND SCHOOL DISTRICT

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

(Must be attached to any building/facility use request form)

_____ requests the use of the Bainbridge Island School District facilities for the following dates:

_____, a private nonprofit 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 of one person and at least \$100,000 due to bodily injury or death of two or more persons.

Signed:

Representative of Private Nonprofit 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.