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

**BAINBRIDGE ISLAND SCHOOL DISTRICT**

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

(Must be filled out annually by all people/parties in categories II-IV requesting BISD facility use and delivered to Facilities offices)

(Print organization name) \_\_\_\_\_, a private or community youth sports group or other organization, verifies all coaches, athletes and their parents/guardians 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 State Bill – 5083, section 3.

This form will accompany 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. Bainbridge Island School District to be listed as additionally insured.

Access to school facilities will not be granted until all requirements of this application are complete and approved by the school district and/or designee.

**Representative Contact Information:**

Signature: \_\_\_\_\_

Print: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Date: \_\_\_\_\_