



**ATHLETIC & ACTIVITIES
DEPARTMENT**

**YOUTH SPORT ORGANIZATION
HB-1824 (Youth Sports-Head Injury Policy) and
SB 5083 (Sudden Cardiac Arrest Awareness)
COMPLIANCE STATEMENT**

Name of Organization	Street Address	City – Zip	Phone Contact
Name of Representative	Street Address	City – Zip	Phone Contact

What is the nature and purpose of use? _____

_____, a private or community youth sports group, hereby verifies all coaches, (Name of Organization) athletes and their parent/guardians have complied with mandated policies for the **Management of Concussions and Head Injuries** as prescribed by House Bill – 1824, Section 2 and **Sudden Cardiac Arrest Awareness** as prescribed by State Bill – 5083, section 3.

Note: All organizations requesting use of Kent School District facilities must submit a Certificate of Insurance naming Kent School District as an additional insured for the amount of \$1,000,000 for non-profit or \$5,000,000 for profit organizations.

The undersigned representative certifies that the information above is true and correct and hereby certifies this statement on behalf of this Group and/or Organization including all teams, players, coaches and parents affiliated with such group.

Signed:

Representative of Youth Sports Group	Date
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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.

THIS STATEMENT EFFECTIVE FOR 2018-2019 SCHOOL YEAR ONLY