Compliance Statement for HB 1824, Youth Sports-Head Injury Polices
(Attach to building/facility use request form)

________________________________ requests the use of the Washougal
School District facilities _______________________________________

for the following dates: _________________________________________

________________________________, is 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. My signature below verifies that our
organization ____________________________________ will hand out the
Heads Up: Concussion in Youth Sports fact sheets to coaches, parents and
participants.

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.

Representative of Private Non-Private Youth Sports Group:

________________________________________________________ (Date) ____________________

Signature

*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.

9/4/09