

WASHOUGAL SCHOOL DISTRICT

4855 EVERGREEN WAY
PH: 360.954.3000



WASHOUGAL, WA 98671
FAX: 360.835.7776

Compliance Statement for HB 1824, Youth Sports-Head Injury Policies (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