HB 1824 Youth Sports-Head Injury Policies and SB 5083 Sudden Cardiac Arrest Awareness

These bills require training and documentation which school districts must adhere to. This pertains to private profit/non-profit youth sports groups using school district facilities, as well as school teams. All coaches, players, and their parents/guardians must meet these minimum requirements.

All private or community profit/non-profit youth sports groups using school facilities will:
1. Provide the school district with written proof of insurance covering their youth athletes with limits required by law.
2. As required by law, provide all coaches, players, and parents/guardians of their youth teams with similar training/information as outlined for school coaches, players, and parents prior to the commencement of sports practice/play, and,
3. Submit a statement of compliance with their insurance coverage and required trainings prior to receiving access to school facilities.

Statement of Compliance

_________________________ requests the use of the Bremerton School District facilities for the following dates:

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<th>Date/Dates</th>
<th>Activity</th>
<th>Fields or Gyms</th>
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(Insert above the full name of the youth organization requesting facility use)

(Group)__________________________________________, 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 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. Bremerton School District requires certification of $1,000,000 and Bremerton School District must be listed as a certificate holder. The certificate must state on it: “The Certificate Holder is an additional insured with respect the use of their facilities by user group.”

My signature below verifies that I am in compliance with the above requirements.

X

Signature (Representative of Private Non-Profit Youth Sports Group) Date

Printed Name of Representative ___________________________ Title ___________________________

*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.

6/9/09; rev. 10/7/2014; 9/29/2015