



Concussion Head Injury Supplement

Compliance Statement for HB 1824 - Youth Sport Head Injury Policy

Organization Name: _____

Type of Activity: _____

The aforementioned organization verifies that all coaches, athletes, and their parents or guardians have complied with mandated policies for the management of concussions and head injuries as prescribed by HB 1824 (section 2) and for cardiac arrest as prescribed by SB 5083.

Failure to comply or provide proof of compliance upon request by the district at any time during the rental period may be cause for termination of the Facility Rental.

By signing below, you acknowledge compliance with this requirement and that you are an acting representative with signing authority within the organization.

Your Name: _____

Your Title: _____

Signature: _____

Date: _____

Important: *This supplement is valid for one year from the date above. A new supplement will be required each year facility rental is requested.*