

# Compliance statement for:



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

## 1. Request

\_\_\_\_\_  
Name of Organization

*requests the use of the Lake Stevens School District facilities for the following dates or season:*

\_\_\_\_\_  
\_\_\_\_\_

## 2. Statement

\_\_\_\_\_  
Name of Organization

*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.*

### Signed:

\_\_\_\_\_  
Representative of Private/Non-Private Youth Sports Organization and Title

### Printed:

### Dated:

\_\_\_\_\_  
Representative of Private/Non-Private Youth Sports Organization and Title

*A signed statement is required every school year. Facility use reservations will not be approved until the compliance statement is received. Completed compliance can be electronically signed and sent to Kendra Hall at [kendra\\_hall@lkstevens.wednet.edu](mailto:kendra_hall@lkstevens.wednet.edu).*