



Head Injury Compliance Form

Youth Sports Head Injury Policies Compliance Statement for HB 1824
Sudden Cardiac Arrest Awareness Compliance Statement for SB 5083

Organization: _____

Contact Name: _____

School Campuses Requested: _____

Dates Requested: _____

_____, 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.

This compliance becomes part of the Yelm Community Schools' Facility Use Application. Organizations must abide by all Terms and Conditions listed within the Facility Use Application agreement.

Signed:

Representative of Private / Non-Private Youth Sports Group

Date

*Note: Access to school facilities may not be granted until all requirements of the application are complete and approved by the school district &/or designee.