



COMPLIANCE STATEMENT

HB-1824 (Youth Sports-Head Injury Policy) and
SB 5083 (Sudden Cardiac Arrest Awareness)

_____ requests the use of the North
Beach School District facilities for the following dates:

_____, 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.

*Note: All organizations requesting use of North Beach School District facilities must
submit a Certificate of Insurance naming North Beach School District as an additional
insured for the amount of not less than \$1,000,000 covering bodily injury and property
damage.*

The undersigned representative certifies that the information above is true and correct
and hereby certifies this statement on behalf of this Group and/or Organization including
all teams, players, coaches and parents affiliated with such group.

Signed:

Representative of Youth Group

Date

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