



**Compliance Statement for Youth Sports
Head Injury, Concussion and Sudden Cardiac Arrest**

_____ requests the use of the Monroe School District facilities for the following dates/season:

_____, a private non-profit youth sports group, verifies all coaches, athletes and their parent/guardian(s) have and will comply with mandated requirements for the management of concussions, head injuries and sudden cardiac arrest as prescribed by Washington State law, RCW 28A.600.192 and RCW 28A.600.195.

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 the above listed entity for any injury or damage with at least \$50,000 due to bodily injury or death to one person and at least \$100,000 due to bodily injury or death to two or more persons.

Signed by Representative of Private Non-Profit Youth Sports 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.*