



ATHLETIC & ACTIVITIES DEPARTMENT

YOUTH SPORT ORGANIZATION
HB-1824 (Youth Sports-Head Injury Policy) and
SB 5083 (Sudden Cardiac Arrest Awareness)
COMPLIANCE STATEMENT

Form with four columns: Name of Organization, Street Address, City - Zip, Phone Contact. Includes a second identical row for Name of Representative.

What is the nature and purpose of use? _____

_____, a private or community youth sports group, hereby verifies all coaches,
(Name of Organization)
athletes and their parent/guardians have complied with mandated policies for the Management of
Concussions and Head Injuries as prescribed by House Bill - 1824, Section 2 and Sudden Cardiac Arrest
Awareness as prescribed by State Bill - 5083, section 3.

Note: All organizations requesting use of Kent School District facilities must submit a Certificate of Insurance naming Kent School District as an additional insured for the amount of \$1,000,000 for non-profit or \$5,000,000 for profit organizations.

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: _____ Date _____
Representative of Youth Sports Group

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

THIS STATEMENT EFFECTIVE FOR 2022-2023 SCHOOL YEAR ONLY