



YOUTH SPORT ORGANIZATION

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

COMPLIANCE STATEMENT

Name of Organization Street Address City t Zip Phone Contact

Name of Representative Street Address City t Zip Phone Contact

What is the nature and purpose of use?

_____, a private 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 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:

Representative of Youth Sports Group

Date