



200 E Fremont
Monroe, WA 98272
360 804-2500 or 1-800 282-7818
Fax: 360 804-2529

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:_____.

_____, a private non-profit youth sports group, verifies all coaches, athletes and their parent/guardian have complied with mandated requirements for the management of concussions, head injuries and sudden cardiac arrest as prescribed by state law.

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 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: _____ Date:_____

Representative of Private Non-Profit 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 and/or designee.

BP9500, BP5434
Facilities & Operations
080415
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