



Chimacum School District

P.O. Box 278, Chimacum, WA 98325

4260F-1

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**Compliance Statement for HB 1824, Youth Sports-Head Injury Policies**  
(attach to any building/facility use request form)

\_\_\_\_\_ requests the use of the Chimacum 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.

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 of one person and at least \$100,000 due to bodily injury or death to two or more persons.

Printed and Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Representative of Private Non-Private 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.