YOUTH SPORT ORGANIZATION HB-1824(Youth SportsHead Injury Polic)yand SB 5083Sudden Cardiac Arrest Awaren)ss COMPLIANCE STATEMENT

Name of Organization	Street Address	City t Zip	Phone Contact
Name ofRepresentative	Street Address	City t Zip	Phone Contact
What is the nature and purpose ofe?			
, a privarteommunityyouth sports grop, hereby verifies all coaches, (Name of Organization) athletesand their parent/guardias have complied with mandated policies for the languagement of			
Concussions and Head Injuries as prescribed by House Bill 824, Section 2 and Sudden Cardiac Arrest			
Awarenessas prescribed by State Bill5083, section 3.			
Note: Allorganizations requesting use of 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 rtifies that he information above is true and corrected hereby certifies this statement on behalof this Group and/or Organization including all teams, players, coaches and parents affiliated with such group			
Signed:			
Representative of Youth SporGroup		Date	