

ANACORTES SCHOOL DISTRICT
HEAD INJURY & SUDDEN CARDIAC AWARENESS POLICIES

Compliance Statement for [RCW 28A.600](#): **Youth Sports-Head Injury Polices and Sudden Cardiac Arrest Awareness.**

_____ requests the use of the Anacortes School District facilities for the

following dates: _____

_____, a private non-profit youth sports group, verifies all coaches, athletes and their parents/guardians have complied with mandated policies for the **Management of Concussions and Head Injuries** and **Sudden Cardiac Arrest Awareness** as prescribed by [RCW 28A.600](#).

Attached is 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:

Organization Representative

Date

*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.