

**STEILACOOM HISTORICAL SCHOOL DISTRICT NO. 1**  
**Compliance Statement for HB 1824, Youth Sports-Head Injury Polices**  
(attach to any building/facility use request form)

\_\_\_\_\_ requests the use of the Steilacoom Historical  
School District facilities \_\_\_\_\_  
(school name) 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 or one person and at least \$100,000 due to bodily injury or death to  
two or more persons.

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.