



City of Kent Parks, Recreation and Community Services

YOUTH SPORTS ORGANIZATION

HB-1824 (Youth Sports-Head Injury Policy) and SB-5083 (Sudden Cardiac Arrest Awareness)

COMPLIANCE STATEMENT

Form with three columns: Name of Organization, Street Address, Phone Contact. Repeated for Representative.

What is the nature and purpose for facility use?

Two horizontal lines for text entry.

\_\_\_\_\_, a youth sports organization/team, hereby verifies all coaches, athletes and their parent/guardians have complied with mandated policies for the Management of Concussions and Head Injuries as prescribed by House Bill-1824, Section 2 and Sudden Cardiac Arrest Awareness as prescribed by State Bill-5083, section 3.

All community organizations/teams requesting use of City of Kent Park facilities must also submit a Certificate of Insurance and Endorsement naming the City of Kent as an additional insured for the amount of \$1,000,000.

The undersigned representative certifies that the information above is true and correct and hereby certifies this statement on behalf of the identified organization including all teams, players, coaches and parents/guardians affiliated with such organization.

Signed:

Representative of Organization \_\_\_\_\_ Date \_\_\_\_\_

Note: Access to City of Kent facilities may not be granted until all requirements of this application are complete and approved by the Kent Parks Department and/or designee.

THIS STATEMENT EFFECTIVE FOR 2019 USE YEAR ONLY