



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

Name of Organization Street Address Phone Contact

Name of Representative Street Address Phone Contact

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.