PULLMAN PUBLIC SCHOOLS

Compliance Statement for HB 1824, Youth Sports-Head Injury Policies and SB 5083, Sudden Cardiac Arrest Awareness.

_____________________ (Group Manager's name) requests the use of the Pullman School District facilities during the following dates: (Cannot exceed 1 fiscal year).

Dates requested: __________________________

_____________________ (Group Name), a 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 and Sudden Cardiac Arrest Awareness as prescribed by SB 5083, section 3.

Signed:

_____________________ (Representative of youth sports group)

(Date)

*Note: Access to school facilities will not be granted until all requirements of this application are complete and approved by the school district &/or designee. A new form must be completed each fiscal year (September 1 - August 31).