



Access to Issaquah School District facilities may not be granted until all requirements of this application are complete and approved by the school district &/or designee. Please return to the ISD, attention: District Facilities Specialist, prior to your group's first practice/competition.

Issaquah School District Compliance Statement for HB 1824, Youth Sports-Head Injury Policies
(attach to any building/facility use request form)

_____ requests the use of an Issaquah School
(Name of Organization)
District facility, for the following school years: ____/____.
(example: 2009/2010)

_____, a private non-profit youth sports group, verifies all coaches, athletes and their parent/guardian of home and visiting teams 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.

By signing below, I certify that I have read the above, understand its content, and agree to its terms.

Representative of Private Non-Private Youth Sports Group

Date