

PULLMAN SCHOOL  
DISTRICT 267

YOUTH SPORT ORGANIZATION  
HB-1824 (**Youth Sports-Head Injury Policy**) and  
SB 5083 (**Sudden Cardiac Arrest Awareness**)  
COMPLIANCE STATEMENT

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Name of Organization

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Street Address

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City – Zip

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Phone Contact

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Name of Representative

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Street Address

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City – Zip

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Phone Contact

What is the nature and purpose of use? \_\_\_\_\_

\_\_\_\_\_, a private or community youth sports group, hereby verifies all coaches,  
(Name of Organization)  
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.

*Note: All organizations requesting use of Pullman School District facilities must submit a Certificate of Insurance naming Pullman  
School District as an additional insured for the amount of \$1,000,000 for non-profit or \$5,000,000 for profit organizations.*

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

Signed:

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Representative of Youth Sports Group

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Date

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.

**THIS STATEMENT EFFECTIVE FOR 2021-2022 SCHOOL YEAR ONLY**