

Use of School Facilities

**GRAND COULEE DAM SCHOOL DISTRICT Compliance
Statement for HB 1824, Youth Sport – Head Injury Policies**

The Board recognizes that concussions and head injuries are commonly reported injuries in children and adolescents who participate in sports and other recreational activities. The Board adopts the following in an effort to implement the provisions of RCW 28A.600 and RCW 4.24.660.

The District shall not permit any organization that operates a youth program where there is any reasonable risk that participants in the youth program might suffer a head injury or concussion unless the following requirements are met prior to any use of the District facilities.

_____ requests the use of the Grand Coulee Dam
(Name of Organization)
School District facilities _____ for
the (Facility Name)
following date(s): _____.

The organization listed above is a private non-profit youth sports group, and verifies all coaches, athletes, and their parents/guardians have complied with mandated policies for the management of concussions and head injuries as prescribed by HB 1824, Section 2.

The youth organization must sign a facilities use agreement with the district that shall include, in addition to other necessary terms the following requirements:

1. Attach "Proof of Insurance". Written evidence of having obtained a bodily injury and accident liability policy insuring all participants for bodily injury and/or death with per person limit of at least \$50,000 and per occurrence limits of at least \$100,000. This insurance must be provided with an insurance company authorized to do business in Washington State. If this insurance lapses during the term of the agreement the youth organization must discontinue use of the facilities until written proof of valid insurance is provided to the District.
2. Attach a written statement of compliance acknowledging that the youth organization and its coaches and volunteers have taken all training that is reasonably available to the organization and provided by WIAA on head injuries and concussions and that the youth organization will fully comply with all of the requirements, policies and guidelines promulgated by the WIAA related to head injuries and concussion.

(Signature - Representative of Private Non-profit Youth Sports Group) (Date)

(Address) (City) (State) (Zip code)

Phone: (Work) (Home) (Cell)

***Note: Access to school facilities may not be granted until all requirements of this application are complete and approved by the school district and/or designee.**