

Inspiring Excellence



LAKE STEVENS
School District

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

_____ requests the use of the Lake Stevens School District
Name of Organization
facilities for the following dates or season:

_____, a private non-profit youth sports group, verifies all
Name of Organization
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 Private/Non-Private Youth Sports Organization and Title

Printed:

Representative of Private/Non-Private Youth Sports Organization and Title

Date: _____

A signed statement is required every school year. Facility use reservations will not be approved until the compliance statement is received.

Completed compliance can be electronically signed and sent to Tiffini Schlosser at tiffini_schlosser@lkstevens.wednet.edu. If you prefer to mail please send to, 12309 22nd St. NE, Lake Stevens WA, 98258.