



Compliance Statement for HB 1824

Youth Sports-Head Injury Policies
(Attach to any building/facility use request form)

Tacoma Youth Lacrosse Association (TYLA) requests the use of the _____ School District facilities for the following dates:

Tacoma Youth Lacrosse Association, a private non-profit 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.

Attached is 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.

Signed:

Representative of Tacoma Youth Lacrosse Association

____/____/____
Date