



**Spokane Girls Fastpitch Softball Association**  
**P.O. Box 10326**  
**Spokane, WA 99209**  
**www.spokanegirlsfastpitch.com**

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**SGFSA Coach Compliance Form – Concussion Law**  
**Required by ALL teams participating in SGFSA games and tournaments**

HB 1824, otherwise known as the Zachery Lystedt Law, was signed into law on May 14, 2009. It requires, as of July 26, 2009, that additional steps be taken regarding concussion in private nonprofit youth athletic programs using school district facilities.

This Bill requires training and documentation which SGFSA members adhere to. SGFSA players and their parents/guardians must meet these minimum requirements and submit the required documents along with the tournament entry form:

1. All SGFSA coaches will have to take training on the nature and risk of concussions and head injury, including continuing to play after a concussion or head injury. Coaches must sign and return the Concussion Fact Sheet at the same time they turn in their Team Entry Form..
2. On a yearly basis, a concussion and head injury fact sheet shall be signed and returned by the youth athlete and athlete’s parents/guardians prior to the youth athlete initiating practice or competition.
3. All athletes suspected of suffering a concussion or brain injury will be removed from practice or competition and not returned to play until cleared in writing by a licensed health care provider trained in the evaluation and management of concussions (Medical Doctors, Doctor of Osteopathy, Advanced Registered Nurse Practitioner, Physician’s Assistant, and Certified Athletic Trainers).

**SPOKANE GIRLS FASTPITCH SOFTBALL ASSOCIATION**  
**Compliance Statement for HB 1824 - Youth Sports-Head Injury Policies**

**This page must accompany each Team Entry Fee and/or Tournament Entry Form. Participation in SGFSA Sanctioned Events will not be granted until this page is returned and requirements of this application are complete and approved by SGFSA.**

Team: \_\_\_\_\_ Division (10U, 12U, 14U, 16U, 18U) \_\_\_\_\_

As the Head Coach for the above-named team, I verify all coaches, athletes and their parents/guardians have complied with mandated policies for management of concussions and head injuries as prescribed by HB 1824, Section 2.

**HEAD COACH:**

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_