



## Concussion & Cardiac Arrest Compliance Agreement

### **Information on Compliance with Sudden Cardiac Arrest Awareness Act & Concussion Awareness Act.**

The safety of our players is paramount to Evergreen Region Volleyball Association. Sudden cardiac arrest is the leading cause of death for youth athletes, with as many as 1 in 250 youth athletes having a heart disorder that may increase the risk of sudden cardiac arrest. On July 24, 2015, a new State of Washington law regarding sudden cardiac arrest awareness will go into effect. SB 5083 – referred to as the Sudden Cardiac Arrest (SCA) Awareness Act – was passed by the Legislature and signed by the Governor with the intent of making youth athletes, their families, and coaches aware of sudden cardiac arrest.

Similarly, the Zachery Lystedt Law (HB 1824) for concussion awareness passed in 2009, SB 5083 specifically outlines requirements for private nonprofit groups, such as youth clubs/associations, to comply with prior to their first use of school facilities in Washington State by the private nonprofit group. For our member organizations, this means that each club/association that requests school fields/facilities must comply with SB 5083 before the school district will allow use of their facilities.

Washington Interscholastic Activities Association (WIAA) recently notified ERVA of the laws and WIAA has been charged by the Legislature with providing resources for school districts and private nonprofit groups to comply with the new law and raise awareness of this important issue.

### **To comply with SB 5083 & HB 1824, there are areas of action for our clubs and association:**

Annual Statement of Compliance (waiver) from Parent/Guardian and Player – each year, prior to the beginning of the club volleyball season, each registered volleyball player and the player’s parents and/or guardian must sign and submit to the club a statement of compliance that the player and parents have both reviewed the information provided regarding sudden cardiac arrest & concussion awareness.

I have received and reviewed the included information about sudden cardiac arrest & concussion awareness.

\_\_\_\_\_  
**Athlete Name**

\_\_\_\_\_  
**Athlete Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian Name**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**