WHSBLA Compliance Checklist - 2027

NAME of PROGRAM: _____

1. **Proof of Liability AND Individual Player Insurance** (CHECK ONE)

   A) Player Roster with US Lax Member #'s and VALID expiration dates COMBINED with certificate of liability insurance from US Lax _____

   OR

   B) Proof of insurance through school (certificate or letter from school district) _____

2. **Concussion AND SCA** – A hard copy EXAMPLE (just one) showing the form all your players and parents in the program have reviewed and signed in regards to CONCUSSION and SUDDEN CARDIAC ARREST

3. **Program Code of Conduct** – Hard copy of your program's Code of Conduct. If your program uses a school athletic handbook simply provide proof of first few pages. (Please do not include all pages or it will make electronic file too large)

ALL COACHES Number of Coaches Shown Cleared/Certified:_____

4. **CPR/First Aid** – Photocopies of current CPR **AND** First Aid certification (valid through May 31, 2027)

5. Printed copy of PDF of membership card from US Lacrosse account showing valid expiration dates (at least through May 31, 2027) for each of the following:

- **US Lacrosse Membership**
- **National Background Check**
- **Abuse Prevention**
- **BRONZE LEVEL CERTIFICATION (at minimum)**
  - -Cultural Competency
  - -Concussion Awareness
  - -Sudden Cardiac Arrest
  - -Current Rules Exam

Printed Name : _____ (Head Coach, Athletic Director or Board President)

Signature: _____ DATE: _____