

WHSBLA Compliance Checklist - 2024

NAME of PROGRAM: Union High School

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

X

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: 3

4. **CPR/First Aid** – Photocopies of current CPR AND First Aid certification (valid through May 25, 2024)

5. Printed copy of PDF of membership card from US Lacrosse account showing valid expiration dates (at least through May 25, 2024) 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 : Rebecca Barton (Head Coach, Athletic Director or Board President)

Signature: 

DATE: 2-21-24

Member Number	Expire Date	First	Last	Team Name
000006726295	3/31/2025	Allen	Moses	Union - High School
010030018958	2/28/2025	Ethan	Sivits	Union - High School
00006724979	3/31/2025	Brody	Lake	Union - High School
010030103908	12/31/2024	Justin	Cramer	Union - High School
010030028865	3/31/2025	Adrian	Contreras	Union - High School
00006830445	2/28/2025	Jack	Johnston	Union - High School
00008270321	3/31/2025	Danny	Carl	Union - High School
00008358909	3/31/2025	ryan	carl	Union - High School
010030032221	3/31/2025	Sean	Mitcheltree	Union - High School
010030149352	2/28/2025	Grayson	Stanley	Union - High School
010030150139	2/28/2025	Micah	Seville	Union - High School
000015261753	4/30/2025	Asher	Livingston	Union - High School
010030147530	2/28/2025	Tenzing	Tsewang	Union - High School
010030152140	2/28/2025	Gustav	Seidel	Union - High School



CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 2

DATE (MM/DD/YYYY)
02/02/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Willis Towers Watson Southeast, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME: Willis Towers Watson Certificate Center PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378 E-MAIL ADDRESS: certificates@willis.com
INSURED US Lacrosse, Inc. dba USA Lacrosse 2 Loveton Circle Sparks Glencoe, MD 21152	INSURER(S) AFFORDING COVERAGE INSURER A: Pennsylvania Manufacturers' Association In 12262 INSURER B: Pennsylvania Manufacturers Association Ins 12262 INSURER C: National Union Fire Insurance Company of P 19445 INSURER D: INSURER E: INSURER F:

COVERAGES**CERTIFICATE NUMBER:** W32615934**REVISION NUMBER:**


THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		302401-14-25-36-2	01/01/2024	01/01/2025	EACH OCCURRENCE \$ 1,000,000
		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000				
		MED EXP (Any one person) \$ 10,000				
		PERSONAL & ADV INJURY \$ 1,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER				GENERAL AGGREGATE \$ 5,000,000	
					PRODUCTS - COMP/OP AGG \$ 2,000,000	
						\$
B	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY		652401-14-25-36-2	01/01/2024	01/01/2025	COMBINED SINGLE LIMIT (Ea accident) \$
		BODILY INJURY (Per person) \$				
		BODILY INJURY (Per accident) \$				
		PROPERTY DAMAGE (Per accident) \$				
					\$	
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE					EACH OCCURRENCE \$ 5,000,000
	DED RETENTION \$					AGGREGATE \$ 5,000,000
						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	General Liability - Sexual Abuse/Molestation		302401-14-25-36-2	01/01/2024	01/01/2025	Aggregate \$2,000,000 Per occurrence \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Liability coverage under this policy extends to US Lacrosse Inc. aligned and approved events involving the US Lacrosse National Teams, leagues, camps, clinics, tournaments and officials and coaches associations provided that they follow 100% registered member guidelines set forth by US Lacrosse Inc., and/or events approved by US Lacrosse, Inc.
SEE ATTACHED

CERTIFICATE HOLDER**CANCELLATION**

Southwest Washington Lacrosse 9208 NE Highway 99 Vancouver, WA 98665	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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ACORD 25 (2016/03)

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SR ID: 25388239

BATCH: 3316995

AGENCY CUSTOMER ID: _____

LOC #: _____

**ADDITIONAL REMARKS SCHEDULE**Page 2 of 2

AGENCY Willis Towers Watson Southeast, Inc.		NAMED INSURED US Lacrosse, Inc. dba USA Lacrosse 2 Loveton Circle Sparks Glencoe, MD 21152	
POLICY NUMBER See Page 1		EFFECTIVE DATE: See Page 1	
CARRIER See Page 1	NAIC CODE See Page 1		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Re: Team or League Requiring 100% Membership for players and coach members
Name of Team/League - Southwest Washington Lacrosse

INSURER AFFORDING COVERAGE: National Union Fire Insurance Company of Pittsburgh
POLICY NUMBER: SRG0009160719 EFF DATE: 01/01/2024 EXP DATE: 01/01/2025

NAIC#: 19445

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Catastrophic Accident	Limit:	\$1,000,000
Accident Medical Expense Benefit		

INSURER AFFORDING COVERAGE: National Union Fire Insurance Company of Pittsburgh
POLICY NUMBER: SRG0009160718 EFF DATE: 01/01/2024 EXP DATE: 01/01/2025

NAIC#: 19445

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Base Participant Accident	Limit:	\$100,000
Accident Medical Expense Benefit		

HEADS UP Concussion Waiver

This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children's or teens' games and practices to learn how to spot a concussion and what to do if a concussion occurs.

What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

How Can I Help Keep My Children or Teens Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
 - Work with their coach to teach ways to lower the chances of getting a concussion.
 - Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns; emphasize the importance of reporting concussions and taking time to recover from one.
 - Ensure that they follow their coach's rules for safety and the rules of the sport.
 - Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no "concussion-proof" helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.

How Can I Spot a Possible Concussion?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

Signs Observed by Parents or Coaches

- Appears dazed or stunned.
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent.
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness (even briefly).
- Shows mood, behavior, or personality changes.
- Can't recall events prior to or after a hit or fall.

Symptoms Reported by Children and Teens

- Headache or "pressure" in head.
- Nausea or vomiting.
- Balance problems or dizziness, or double or blurry vision.
- Bothered by light or noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Confusion, or concentration or memory problems.
- Just not "feeling right," or "feeling down."

Talk with your children and teens about concussion. Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren't serious or worry that if they report a concussion they will lose their position on the team or look weak. Be sure to remind them that it's better to miss one game than the whole season.

Concussions affect each child and teen differently. While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children or teens' health care provider if their concussion symptoms do not go away or if they get worse after they return to their regular activities.

What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other.
- Drowsiness or inability to wake up.
- A headache that gets worse and does not go away.
- Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.

Children and teens who continue to play while having concussion symptoms or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious and can affect a child or teen for a lifetime. It can even be fatal.

What Should I Do If My Child or Teen Has a Possible Concussion? As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a health care provider and only return to play with permission from a health care provider who is experienced in evaluating for concussion.
3. Ask your child or teen's health care provider for written instructions on helping your child or teen return to school. You can give the instructions to your child or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a health care provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days. The brain needs time to heal after a concussion. A child or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a health care provider.

To learn more, go to:

- **Head Ups**
<http://www.cdc.gov/concussion/sports/>
- **Fact Sheet for Players**
<https://bit.ly/2MXBEon>
- **Fact Sheet for Parents**
<https://bit.ly/2MX7IZi>

Discuss the risks of concussion and other serious brain injury with your child or teen and have each person sign below.

Athlete Agreement:

☐ I learned about concussion and talked with my parent or coach about what to do if I have a concussion or other serious brain injury

Player Name (print)

Player Signature

Parent/Guardian Agreement:

☐ I have read this fact sheet for parents on concussion with my child or teen and talked about what to do if they have a concussion or other serious brain injury.

Parent/Legal Guardian (Print)

Parent/Legal Guardian Signature

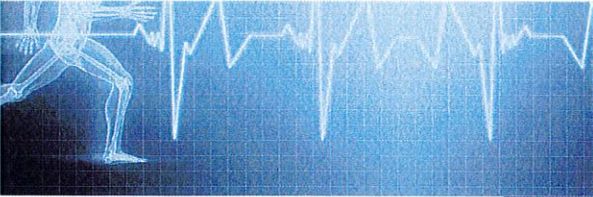
Union High School Lacrosse
SUDDEN CARDIAC ARREST AWARENESS FORM

In accordance with SB 5083, youth athlete and the athlete's parents and/or guardian must review the information provided regarding Sudden Cardiac Arrest. Both athlete and the athlete's parents and/or guardian must sign this form before participating in the interscholastic athletic activity.

This form must be signed annually by the parent/guardian and student prior to participation in Union Lacrosse.

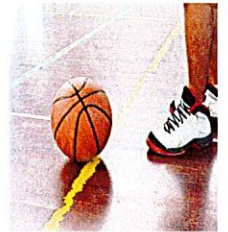
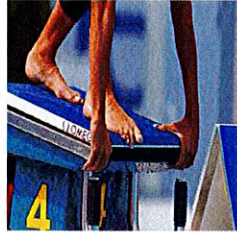
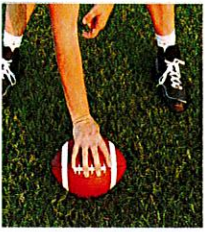
I HAVE RECEIVED, READ AND UNDERSTAND THE INFORMATION PRESENTED IN THE CONCUSSION RECOGNITION AND SUDDEN CARDIAC ARREST AWARENESS PAMPHLETS.

_____ Athlete Name Printed	_____ Athlete Signature	_____ Date
_____ Parent or Legal Guardian Printed	_____ Parent or Legal Guardian Signature	_____ Date



Information Sheet for Student-Athletes, Coaches and Parents/Guardian

SSB 5083 ~ SCA Awareness Act



What is sudden cardiac arrest? Sudden Cardiac Arrest (SCA) is the sudden onset of an abnormal and lethal heart rhythm, causing the heart to stop beating and the individual to collapse. SCA is the leading cause of death in the U.S. afflicting over 300,000 individuals per year.

***SCA is also the leading cause of sudden death
in young athletes during sports***

What causes sudden cardiac arrest? SCA in young athletes is usually caused by a structural or electrical disorder of the heart. Many of these conditions are inherited (genetic) and can develop as an adolescent or young adult. SCA is more likely during exercise or physical activity, placing student-athletes with undiagnosed heart conditions at greater risk. SCA also can occur from a direct blow to the chest by a firm projectile (baseball, softball, lacrosse ball, or hockey puck) or by chest contact from another player (called "commotio cordis").

While a heart condition may have no warning signs, some young athletes may have symptoms but neglect to tell an adult. If any of the following symptoms are present, a cardiac evaluation by a physician is recommended:

- Passing out during exercise
- Chest pain with exercise
- Excessive shortness of breath with exercise
- Palpitations (heart racing for no reason)
- Unexplained seizures
- A family member with early onset heart disease or sudden death from a heart condition before the age of 40

How to prevent and treat sudden cardiac arrest? Some heart conditions at risk for SCA can be detected by a thorough heart screening evaluation. However, all schools and teams should be prepared to respond to a cardiac emergency. Young athletes who suffer SCA are collapsed and unresponsive and may appear to have brief seizure-like activity or abnormal breathing (gasping). SCA can be effectively treated by immediate recognition, prompt CPR, and quick access to a defibrillator (AED). AEDs are safe, portable devices that read and analyze the heart rhythm and provide an electric shock (if necessary) to restore a normal heart rhythm.

***Remember, to save a life: recognize SCA, call 9-1-1, begin CPR,
and use an AED as soon as possible!***



Cardiac 3-Minute Drill

1. RECOGNIZE

Sudden Cardiac Arrest

- Collapsed and unresponsive
- Abnormal breathing
- Seizure-like activity

2. CALL 9-1-1

- Call for help and for an AED

3. CPR

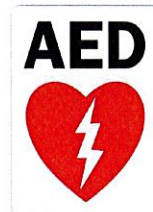
- Begin chest compressions
- Push hard/ push fast (100 per minute)

4. AED

- Use AED as soon as possible

5. CONTINUE CARE

- Continue CPR and AED until EMS arrives



**Be Prepared!
Every Second
Counts!**

Union High School Lacrosse Club

CODE OF CONDUCT

Players, coaches, spectators and parents are to conduct themselves in a manner that "Honors the Game" and demonstrates respect to other players, coaches, officials and spectators. In becoming a member of the lacrosse community an individual assumes certain obligations and responsibilities to the game of lacrosse and its participants. The essential elements in this "Code of Conduct" are HONESTY and INTEGRITY. Those who conduct themselves in a manner that reflects these elements will bring credit to the sport of lacrosse, themselves, their team and their organization. Skyview Lacrosse support the following behaviors for those participating or involved in any way with Skyview Lacrosse and youth lacrosse in general:

- The essential elements of the "Code of Conduct" must be adhered to.
- Sportsmanship and teaching the concepts of fair play are essential to the game, and must be taught and developed both at home and on the field during practices and games.
- The emphasis on winning should never be placed above the value of good sportsmanship, the concepts of fair play, or the skills of the game.
- Derogatory comments are unacceptable. Use positive reinforcement with players and adults alike. It should be remembered that criticism, once made, can never be retracted.
- The safety and welfare of the players are of primary importance.
- Coaches must always be aware of the tremendous influence they have on their players. They are to strive to be positive role models in dealing with young people, as well as with adults.
- Officials are expected to conduct themselves as professionals and in a manner that demonstrates courtesy and fairness to all parties while exercising their authority on the field
- Adults involved with the game must never permit anyone to openly or maliciously criticize, badger, harass, or threaten an official.
- Knowledge of the Rules of Lacrosse must be respected and adhered to by all who participate in the game of lacrosse, both in the letter and the spirit of the game. Attempts to manipulate rules in an effort to take unfair advantage of an opponent, or to teach deliberate unsportsmanlike conduct, is considered unacceptable conduct.
- Eligibility requirements, such as age and previous level of participation, must be followed. They have been established to encourage and maximize participation, as well as promote safety.

Athlete Name Printed

Athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date



USA
LACROSSE

DEVON
WILSON



COACH

MEMBERSHIP NUMBER:

010030133938

VALID THRU: 01/2025

DOB: 06/2001

BACKGROUND CHECK EXPIRES: 02/01/2026

ABUSE PREVENTION EXPIRES: 02/20/2026

CERTIFICATIONS:

BOYS COACHES - BRONZE CERTIFICATION (2024)



HSI
1450 Westec Drive
Eugene, OR 97402
800-447-3177

8/7/2023
Devon Wilson

Dear Devon

Congratulations on successfully completing your HSI Adult First Aid | CPR AED All Ages (2020) -DC class. This HSI-Approved Training Center has chosen to issue your certification card digitally.

The digital certification card below is identical to a printed version of the card. It documents that you have demonstrated achievement of the required knowledge and hands-on skill objectives of the training program to the satisfaction of a currently authorized HSI Instructor. Your digital certification card may be printed for validation of certification. If further proof is required, scan the QR Code or go to www.hsi.com/validation and follow the instructions. The QR Code link in this letter will stay active. If you lose this letter, you may request a copy from the Training Center named below.

We strongly recommend that you download and save a copy of this letter for safekeeping.

To download the digital student book for this class or to complete a short evaluation of your class and instructor, please go to www.hsi.com/passport and register using the following number: 202662

Northwest Health & Safety Inc
Vancouver, WA



Certification Validation QR Code

Devon Wilson			
has demonstrated achievement of the required knowledge and hands-on skill evaluation(s) according to the certification requirements of the training program indicated below.			
<input type="checkbox"/> ADULT	<input checked="" type="checkbox"/> ADULT/CHILD/INFANT	<input type="checkbox"/> ADULT/CHILD	<input type="checkbox"/> ADULT/INFANT
<small>Card is void if more than one box is checked / Check boxes reflect CPR AED options</small>			
ADULT FIRST AID CPR AED		C667901A4 <small>PRODUCED BY HSI</small>	

Gregory Sanders	
Authorized Instructor (Print Name)	
48502	
Registry No.	
8/2/2023	8/2025
Class Completion Date	Expiration Date
360-737-8910	NORT123
Training Center Phone No.	Training Center I.D.
<small>This Adult First Aid CPR AED training program conforms with the 2020 American Heart Association (AHA) Guidelines Update for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care and the 2020 AHA and American Red Cross Focused Update for First Aid. This training program was not designed to meet pediatric first aid training requirements and should not be used for that purpose.</small>	
Expiration date may not exceed two years from month of class completion.	



USATM
LACROSSE

BEAU J
HILBERT



PLAYER
COACH

MEMBERSHIP NUMBER:

010030148156

VALID THRU: 02/2025

DOB: 10/2000

BACKGROUND CHECK EXPIRES: 02/23/2026

ABUSE PREVENTION EXPIRES: 02/18/2026

CERTIFICATIONS:

BOYS COACHES - BRONZE CERTIFICATION (2024)



American Red Cross
Training Services

Certificate of Completion

Beau Hilbert

has successfully completed requirements for

Adult First Aid/CPR/AED Online (Eligible for Skills Session within 90 days)

Date Completed: 2/18/2024

Validity Period: 2 Years

Conducted by: American Red Cross



To verify certificate, scan code or visit redcross.org/digitalcertificate and enter ID.

Learn and be inspired at LifesavingAwards.org



01F24TF

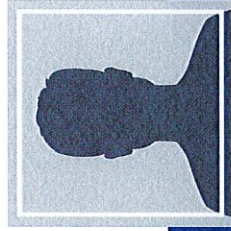


USA
LACROSSE

DAMEN

CONRAD

COACH



MEMBERSHIP NUMBER:

010030139817

VALID THRU: 02/2025

DOB: 05/2001

BACKGROUND CHECK EXPIRES: 02/16/2026

ABUSE PREVENTION EXPIRES: 02/07/2026

CERTIFICATIONS:

BOYS COACHES - BRONZE CERTIFICATION (2024)

CPR

Certified CPR
Practitioner



Damen Conrad

This card certifies that the person listed above has successfully completed the CPR examination at the CPR Certification Institute.

02/18/2024

Issue Date

02/18/2026

Renewal Date

CPR

Training Center	Training Center #
CPR Certification Institute	280145
Region	Provider #
Vancouver, Washington 98684	195540
Instructor	Instructor #
Jennifer Bunn, R.N.	120823
Instructor's Signature	Provider's Signature
<i>Jennifer Bunn</i>	