



SUDDEN CARDIAC

AWARENESS TRAINING VERIFICATION FORM

As the club director for _____,
I do hereby affirm that all parents, players and coaches affiliated
with our organization have completed all necessary requirements
for the Sudden Cardiac Awareness training (Lindsay's Law)
required by the state of Ohio.

Club Director Printed Name

Club Director Signature

Date

This document must be mailed or emailed to:
Samantha.Dobrzynski@jvavolleyball.org
1414 Underwood Ave.
Suite 404
Milwaukee, WI 53213

