

## Community Parents and Participant Cardiac Requirement Form

I, \_\_\_\_\_, (member representative and Ohio Travel Soccer League Designated official) For \_\_\_\_\_ (Insert Community Name) have verified that each participant and parent, guardian or other person having care or charge of an individual participating in the Ohio Travel Soccer League have signed and returned a copy of the cardiac arrest information sheet provided by the Ohio Travel Soccer League to me or another representative of my team, league or community. I possess a copy of each of the cardiac arrest forms signed by the participant and parent, guardian or other person having care or charge of an individual participating in the Ohio Travel Soccer League.

**Community Name:** \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE SIGNE

\_\_\_\_\_  
PRINTED NAME