

CARDIAC ARREST LEGISLATION

To protect youth athletes, the State of Ohio has passed a cardiac arrest awareness law, known as “Lindsay’s Law”. This law, similar to laws enacted in other states, enforces training, safety and awareness requirements related to cardiac arrest on youth sports organizations.

REQUIREMENTS OF “LINDSAY’S LAW”

Ohio Revised Code Section 3707.58 prohibits youth athletes from participating in an athletic activity organized by a youth sports organization until the youth athlete has submitted to a designated official of the youth sports organization a form signed by the youth athlete and the parent, guardian, or other person having care or charge of the youth athlete stating that the youth athlete and the parent, guardian, or other person having care or charge of the youth athlete have received and reviewed a copy of the information developed by the departments of health and education and posted on their respective internet web sites as required by Section 3707.59 of the Ohio Revised Code. The information to be reviewed includes the following for the youth athlete and parent or guardian: watching the required video, reviewing the required informational handout and signing the required signature form. A completed form is required to be submitted each year for each athletic activity in which the youth athlete participates. The required form, video and informational sheet can be located on the Ohio Department of Health’s website, www.odh.ohio.gov.

Ohio Revised Code Section 3707.58 prohibits individuals from coaching an athletic activity organized by a youth sports organization until the individual has completed, on an annual basis, the sudden cardiac arrest training course approved by the department of health under division (C) of Section 3707.59 of the Ohio Revised Code. The training course includes watching the required video and and reviewing the required informational handout. Both can be located on the Ohio Department of Health’s website, www.odh.ohio.gov.

FREE ONLINE COURSES

In an effort to assist in complying with Ohio’s Lindsay’s Law, the Ohio Travel Cup recommends that all teams entering into the Ohio Travel Cup encourage their coaches to use the Ohio Department of Health’s free online training course.

To participate in this free online course please visit the following website:

<http://www.odh.ohio.gov/landing/Lindsays-Law.aspx>

OHIO TRAVEL CUP REQUIREMENTS

The Ohio Travel Cup requires compliance with Lindsay’s Law. To monitor compliance, we require that each team participating in the Ohio Travel Cup provide the following at check in:

1. A signed copy of the attached form 1, executed by the head coach or manager of each team, attesting that each coach that will be on the sidelines at any Ohio Travel Cup game has reviewed the above mentioned training materials provided by the Ohio Department of Health related to cardiac arrest;
2. A signed copy of the attached form 2, executed by the head coach or manager of each team, who also serves as the designated Ohio Travel Cup Official, stating that they possess a signed copy of the attached cardiac arrest form signed by each individual and their parent, guardian, or other person having care or charge of the youth athlete that plans to play in any Ohio Travel Cup game, indicating that they have reviewed the above mentioned training materials provided by the Ohio Department of Health.

CARDIAC ARREST REQUIREMENT FORM 1

I, _____, (head coach/manager) attest that **any and all** coaches who will be on the sidelines for Ohio Travel Cup games have reviewed the training materials provided by the Ohio Department of Health related to cardiac arrest.

Community Name: _____

Team Name: _____

SIGNATURE

___/___/___
DATE SIGNED

(continued on next page)

CARDIAC ARREST REQUIREMENT FORM 2

I, _____, (head coach/manager and designated Ohio Travel Cup official) have verified that each participant and parent, guardian or other person having care or charge of an individual participating in the Ohio Travel Cup have signed and returned a copy of the cardiac arrest information sheet provided by the Ohio Travel Cup 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 Cup.

Community Name: _____

Team Name: _____

SIGNATURE

____/____/____
DATE SIGNED