

2018 OHIO INDOOR TRAVEL CUP ATTESTATIONS

CARDIAC ARREST REQUIREMENT FORM 1

I, _____, (head coach/manager) attest that any and all coaches who will be on the sidelines for 2018 Ohio Indoor 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

CARDIAC ARREST REQUIREMENT FORM 2

I, _____, (head coach/manager and designated 2018 Ohio Indoor Travel Cup official) have verified that each participant and parent, guardian or other person having care or charge of an individual participating in the 2018 Ohio Indoor Travel Cup have signed and returned a copy of the cardiac arrest information sheet provided by the 2018 Ohio Indoor 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 2018 Ohio Indoor Travel Cup.

Community Name: _____ Team Name: _____

SIGNATURE

____/____/____

DATE SIGNED

CONCUSSION CERTIFICATION REQUIREMENT FORM 1

I, _____, (head coach/manager name) attest to the fact that any and all coaches who will be on the sidelines for the 2018 Ohio Indoor Travel Cup games have completed the necessary online course requirements and testing. I possess a copy of each coach's valid concussion certificate.

Community Name: _____ Team Name: _____

SIGNATURE

TITLE

____/____/____

DATE SIGNED