

Lindsay's Law Tournament Team Roster Signature Form

Sudden Cardiac Arrest

Fill in this form for the entire team in place of the individual Sudden Cardiac Arrest form and acknowledges each individual has completed the requirements under Lindsay's Law. For more information, please visit the Ohio Department of Health at:

<https://www.odh.ohio.gov/en/landing/Lindsays-Law>

Club and Team Name	_____	Age and Gender	_____
Team Contact Name	_____	Team Contact Cell Phone	_____
Team Email	_____	Coach's Name	_____
Coach's Cell Phone	_____	Coach's Signature	_____

	Parent/Guardian Name (Print)	Parent/Guardian Signature	Player Name (Print)	Player Signature	Date
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
12					
14					
15					
16					
17					
18					

If more than 18 players, write and sign on the back.