



**OHIO VALLEY
REGION**
Advancing the Sport of Volleyball
www.ovr.org

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 to:

Ohio Valley Region
6608 Blackhawk Cir
Westerville, OH 43082