



# **JACKSON FURY SOCCER CLUB**

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*Promoting Competitive Youth Soccer in Jackson Twp and Surrounding Communities*

## **CARDIAC ARREST TRAINING ATTESTATION**

I, \_\_\_\_\_, a Jackson Fury Soccer Club coach or manager attest that I have reviewed the Ohio Department of Health video and required informational handout related to cardiac arrest.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date Completed: \_\_\_\_\_