



**Sudden Cardiac Arrest and Lindsay’s Law Information for the CMSD
Volunteer Coach Assistant.**

I have read and understood the Sudden Cardiac Arrest and Lindsay’s Law Information. The

School Building Principal and Athletic Director agree that I understand this law.

CMSD Volunteer Coach Assistant Full Name (please print):

Email: _____ **Phone:** _____

School Building: _____

School Principal Full Name (print): _____

School Principal Signature: _____

School Athletic Director Full Name (print): _____

School Athletic Director Signature: _____