

NATIONAL ORGANIZATION

Does your club belong to a national organization? Yes No

If yes, please list the full name of the organization(s):

Individual membership dues? \$_____ Group membership dues? \$_____

Contact: _____

Address: _____

Phone #: _____ E-mail: _____

CPR/FIRST AID CERTIFICATION

List of CPR-Certified Members

Each club should have at least one (1) certified member at each sport club event. Provide a copy of their certification with this form.

Name	Student ID #	Expiration date of certification
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Name	Student ID #	Expiration date of certification
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List of First Aid-Certified Members

Each club should have a least one (1) certified member at each sport club event. Provide a copy of their certification with this form.

Name	Student ID #	Expiration date of certification
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Name	Student ID #	Expiration date of certification
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Name	Student ID #	Expiration date of certification
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