F I R S T A I D

NAME OF CLUB: ……..Adult and/or Youth Division

TYPE OF EVENT: …….

DATE OF EVENT: …….

Please complete details of the first aid cover for the event.

Name: ……..…….(e.g. St John's Ambulance)

Divison: ……

In order to be covered for insurance purposes, all members of the First Aid crew on this duty must sign in the box below:

NAME	**SIGNATURE**