Name of Club	SAUCHIE JUNIORS FOOTBALL CLUB	("Club")

## For and on behalf of the Club, I hereby certify that:-

I have read the terms of the Criteria listed herein with respect to the Scottish FA Criteria for Sports First Aid ("sports first aid") and warrant and declare that all employees, agents, representatives or volunteers as listed by the Club below, have attained a 'sports first aid' qualification in accordance with the criteria as defined.

The sentence below is relevant for First Team only. Please score through / delete if this declaration relates only to Youth Teams.

I further declare that a medical kit bag, including an Automated External Defibrillator, is available and in the possession of the designated club medical representatives at all First Team training and matches.

Name of Pe	rson NOEL DALLI	
	(Authorised Signato	ory of the Club)
Signature	NOEL DALLI	Date 23/10/2024

## **List of Sports First Aid Trained Personnel**

Name	Provider (ADJ-first aid training) and Date	First Team or Youth Team	Expiry Date
Davy Reynolds	ADJ 23/01/2023	First team	23/01/2026
Sarah Berrie	ADJ 23/01/2023	Youth Team	23/01/2026
Jon Tully	ADJ 23/01/2023	First Team	23/01/2026