

Student Name: _____

School: _____

Sports: _____

JEFFERSON COUNTY PUBLIC SCHOOLS SPORTS SAFETY VIDEO FORM

_____ I certify that I have viewed the required JCPS Sports Safety Video in its entirety and understand the contents thereof.

_____ I certify that I will abide by all of the recommendations of the JCPS video.

The part of the video that I thought was most helpful was:

Name (Print)

Parent/Guardian / Student

(circle one)

Student Name (if parent)

School

Grade

Date

Signature

Witness

