Student Name: _____
School: _____
Sports: _____

JEFFERSON COUNTY PUBLIC SCHOOLS
SPORTS SAFETY VIDEO FORM
Combination Form (Parent and Student)

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

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

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

_____

_____

_____
Parent Name (Print)

_____
Student Name (Print)

_____
School

_____
Grade

_____
Date

_____
Parent Signature

_____
Student Signature