

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

