

**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:

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\_\_\_\_\_  
Name (Print)

Parent/Guardian / Student

(circle one)

\_\_\_\_\_  
Student Name (if parent)

\_\_\_\_\_  
School

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness