



SCHOOL PARTICIPATION AGREEMENT

Please provide the following information:

School Name: _____

School Mailing Address: _____

Phone: _____

Teen Leader(s) Name(s) _____

Signature(s) _____

Advisor's Name/Affiliation (Club or Class Name) _____

Signature _____

My school will provide a group of students to assist in the program. By signing this agreement, my school agrees to participate in the Seat Belts Save Challenge. In addition, the COVID-19 pandemic has placed a new level of personal accountability in front of each of us. To slow the spread of coronavirus and protect the health and vitality of our communities, we understand that NOYS requests conducting any and all Seat Belt Saves Challenge Activities in accordance with your local and school guidelines and requirements.

School Principal's Name (Please Print) _____

Principal's Signature & Date _____

Principals email address _____

Submit form to support@noys.org