



# NOYS

National Organizations for Youth Safety®

## 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](mailto:support@noys.org)