



**CHANDLER UNIFIED SCHOOL DISTRICT
ATHLETIC DEPARTMENT**

***FOOTBALL SAFETY FILM
SIGN-IN SHEET***

SCHOOL: _____ **DATE:** _____

^Coach must sign off acknowledging content annually.

***Video must be viewed once.**

| | COACH'S NAME | SCHOOL | LEVEL V/JV/FR | COACH'S SIGNATURE | ^DATE SIGNED | *DATE VIEWED |
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