

Reeds Spring Middle School

Home of the Wolves

345 Morrill Lane, Reeds Spring, MO 65737 Tel: (417) 272-8245 Fax: (417) 272-8490

Dr. Travis Kite Principal

Mr. Kurt Stumpff Assistant Principal

www.rs-wolves.com

Student Assurance Statement

I certify that I have read and understand the Athlete Contract Form, Student Citizenship Form, Social Media Contract and expectations and information related to sportsmanship. I understand my role as a Reeds Spring Middle School Student Athlete and that I represent our school and our community when I attend and participate in an activities function. I also understand that if I do not comply with expectations and responsibilities that I may forfeit my privilege of participating in future activities involving our schools.

Student/Athlete Printed Name: _____

Student Signature: _____

Date: _____

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