

# UNIFORM CONTRACT

**R**ichfield  
*School District*

## UNIFORM INSPECTION SHEET

YOU ARE RESPONSIBLE FOR THIS UNIFORM. LOOK IT OVER. DO YOU NOTICE ANY RIPS, STAINS, ETC. ? RECORD ANY DAMAGE YOU FIND HERE:

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### VOLLEYBALL

### FLAG FOOTBALL

### SOFTBALL

RED NUMBER \_\_\_\_\_ JERSEY SIZE \_\_\_\_\_ JERSEY SIZE \_\_\_\_\_

WHITE NUMBER \_\_\_\_\_

SHORTS SIZE \_\_\_\_\_

### BASKETBALL

### SPIRIT CLUB

RED JERSEY NUMBER \_\_\_\_\_

VEST SIZE \_\_\_\_\_

WHITE JERSEY NUMBER \_\_\_\_\_

SKIRT SIZE \_\_\_\_\_

SHORTS SIZE \_\_\_\_\_

I UNDERSTAND I AM FINANCIALLY RESPONSIBLE FOR THIS UNIFORM. I WILL PAY TO HAVE THE UNIFORM REPLACED IF IT IS DAMAGED. THE COST OF REPLACEMENT WILL BE DETERMINED BY THE ACTUAL COST.

YOUR NAME - PRINT \_\_\_\_\_ DATE: \_\_\_\_\_

YOUR SIGNATURE \_\_\_\_\_

PARENT'S SIGNATURE \_\_\_\_\_