

ATHLETIC CODE OF CONDUCT AND EXPECTATIONS
INFORMED CONSENT AGREEMENT

Student's Name _____ Grade _____
(Please Print)

AS A STUDENT:

I understand and agree that participation in athletic or extra-curricular activities and parking on District property is a privilege that may be withdrawn for violations of the Student Code of Conduct and the Athletic Handbook.

I have read and thoroughly understand the consequences that I will face if I do not honor my commitment to the Athletic Handbook.

I understand and realize that there is risk of injury in participating in athletic activities.

I understand that when I participate in any athletic program, extra-curricular activity, and/or receive a parking permit, I will be subjected random urine drug testing; and if I refuse, I will not be allowed to practice or participate in activities outlined in this policy or park on District property. I have read the Consent to Perform Urinalysis for Drug Testing below and agree to its terms.

I understand this is binding while I am a student within the District.

Student Signature Date

AS A PARENT/GUARDING/CUSTODIAN:

I have read the Athletic Handbook and understand the responsibilities of my son/daughter/ward as a participant in athletic, extra-curricular activities, and/or parking privileges in the District.

I understand and realize that there is an assumed risk of injury involved for my son/daughter/ward as a participant in athletic activities.

I understand that when my son/daughter/ward, when participate in athletics, extra-curricular activities, and/or receiving a parking permit, may be subjected to initial and random urine drug testing, and if they refuse, will not be allowed to practice or participate in activities described in this policy or park on District property. I have read the Consent to Perform Urinalysis for Drug Testing below and agree to its terms.

I understand this is binding while my son/daughter/ward is a student within the District.

Parent/Guardian/Custodian Signature

Date

Parent/Guardian/Custodian Name (Print)

Home Phone

Work Phone

***There is a \$10.00 charge to be enrolled in the drug testing program. The \$10.00 must be paid prior to the student being eligible for extracurricular activities.**

***There is no initial testing when you enroll in the drug testing program. All testing will be random throughout the school year.**

Consent to Perform Urinalysis for Drug Testing

We hereby consent to allow the student to undergo urinalysis testing for the presence of illicit drugs or banned substances in accordance with the Policy and Procedure for Random Urine Drug Testing of Students as approved by the Board.

We understand that the collection process will be overseen by a qualified vendor.

We understand that any urine samples will be sent only to a certified medical laboratory for actual testing, and that the samples will be coded to provide confidentiality.

We hereby give our consent to the medical vendor selected by the Board, their laboratory, doctors, employees, or agents, together with any clinic, hospital, or laboratory designated by the selected medical vendor to perform urinalysis testing for the detection of illicit drugs or banned substances.

We further give permission to the medical vendor selected by the Board, its doctors, employees, or agents, to release all results of these test to the Medical Review Officer (MRO) working for the medical vendor. We understand these results will be forwarded to the building principal, athletic director, assistant to the athletic director, and Superintendent and will also be made available to us.

We understand that consent pursuant to this Informed Consent Agreement will be effective for all activities in which this student might participate during the current school year.

We hereby release the Board, Great Lakes Biomedical, SPORT SAFE Testing Service, Inc., and its employees from any legal responsibility or liability for the release of such information and records.

12/06
Revised 5/19/09
Revised 8/17/11
Revised 5/4/12