

Marshfield High School

Random Athletic Drug-Testing Program

Registration Request and Consent Form

I have received, read and understand the Coos Bay School District's "Random Athletic Drug Testing Policy" for students who desire to participate in the athletic programs at Marshfield High School/

I understand that participation in extracurricular athletics at Marshfield is not required. It is a privilege, not a requirement. I further understand that in order to participate in athletics at Marshfield High School I must participate in this random athletic drug-testing program.

I agree to participate in this drug-testing program and to be subject to its terms until such time that I graduate, permanently leave Marshfield High School or formally withdraw from the program. I accept all aspects of this program and I agree to be drug tested when and if I am randomly selected.

I understand that the results of all drug tests will be confidential, that they will be used for no other purpose than in this program. I agree and consent to the disclosure of any and all test results to the MHS manager of this drug-testing program and through him/her to me and my parents. In the case of a verified positive result, I further agree and consent to the disclosure of information to my coach and the MHS Athletic Director on a need to know basis.

Student Name (Print): _____

Student Signature: _____

Date: _____

Parent's Section

I have received, read and understand the "random Athletic Drug Testing Policy" As the parent or legal guardian of the above named student, I agree to the terms of this program and give my permission and consent for him/her to participate in this drug testing program.

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____

Date: _____

Please return this acknowledgement form to the athletic department prior to student participation.