



WDFY

Washington Drug-Free Youth Parent/Guardian Contract

Washington Drug-Free Youth (WDFY) membership requires a "no use" illicit drug policy, including alcohol verification of drug-free status through screening of urine samples and encourages participation in community service projects.

I (we), the parent(s) or guardian(s) of:

(Print student's name) (Age) (Grade)

give consent to collect and have tested a sample of urine to determine whether or not my youth shows freedom from drug use. I (we) understand that my child has volunteered to be drug screened as a requirement for membership in the WDFY Program. As partial consideration for such testing, I (we) will release the WDFY Program of the Greater Spokane Substance Abuse Council and their agents, from any liability and agree to indemnify and hold harmless these entities from any claim which might be made by virtue of such tests and the results thereof. All testing is confidential and the results are not reported to the police or school officials, with the exception of the WDFY advisor. Results will never become part of a student's permanent record.

The test will not be given through this program to a student under 18 years of age without the written consent of both the student and the parent(s) or guardian(s). I also agree that my child will be allowed to perform community service and grant permission for him/her to do so. All students will complete a short pre and post 30-day past use survey, one at initial testing and again at the end of the school year.

In the event of a positive test result, our Medical Review Officer (MRO), will consult with the student and/or student's family and give them the opportunity to supply evidence that there was a justifiable reason for the positive test, such as a properly prescribed legal medication. If the MRO determines that the positive test was not the result of an illegal drug, the test is reported as negative. If it is determined that the student tested positive for an illegal drug, the student agrees to be referred for a drug/alcohol assessment with the cost being covered by Greater Spokane Substance Abuse Council (GSSAC). If he/she refuses the assessment, he/she will not be allowed to rejoin WDFY until one is completed. Other than the WDFY advisor, no other school official has access to or will be informed of the voluntary drug testing results.

As the parent/guardian of said child, I will abide by the principles set forth in the WDFY Program and will not willingly allow my child or any underage child in my presence to partake of any drugs or alcohol.

I further understand that my child is volunteering to join WDFY and has not been coerced into doing so in any way.

PARENT/GUARDIAN NAME(S) (Please Print)

PARENT/GUARDIAN(S) SIGNATURES DATE

ADDRESS CITY ZIP CODE

HOME NUMBER CELL NUMBER HOME EMAIL ADDRESS

Greater Spokane Substance Abuse Council
8104 E Sprague Spokane Valley, WA 99212
509-922-8383
www.gssacpreventioncenter.com
www.ichoosewdfy.com



WDFY

Washington Drug-Free Youth

Student Contract

I, _____, voluntarily agree to abide by and uphold the policies and procedures of Washington Drug-Free Youth (WDFY).

I understand that WDFY is a voluntary drug prevention program for youth that acknowledges, rewards, and gives incentives to students who choose an alcohol and drug-free lifestyle.

As a WDFY member, I promise to remain drug and alcohol-free. I understand that my WDFY membership requires that I pass a drug screening analysis. Drug screening will include an initial screen and random testing throughout my membership. I understand that if I fail a test or choose not to take one that I will immediately forfeit my membership. I also understand that I will be allowed to rejoin and be retested after a 30-day waiting period if I choose to do so. I also agree to participate in a short pre and post 30-day past use survey, one at initial testing and again at the end of the school year.

As a member, I will be given a photo identification card that entitles me to merchant and service discounts in Spokane and surrounding areas, as well as invitations to special WDFY sponsored events and projects. I also agree to represent WDFY, myself, and my school in the best possible manner when participating in activities. If I remain in good standing, my membership will be valid until the August following graduation.

I understand that my WDFY card is the property of GSSAC's Prevention Center and will be withdrawn if I do not comply with the policies of WDFY, which include abstaining from use of drugs and alcohol. If I do not follow these guidelines I agree to surrender my card immediately.

I understand that the test results are held under the highest degree of confidentiality. I also understand that if my drug test has a confirmed positive result, my WDFY advisor, parents, and I will be the only ones notified, other than the participating lab and the GSSAC WDFY Program Coordinator. I am aware that the results will never be reported to the police or school officials. I also understand that test results will never become part of my permanent school record. I understand that in the event of a confirmed positive result, I will be referred for a drug/alcohol assessment at no cost to me or my family. If I refuse the assessment, I will not be allowed to rejoin WDFY until one has been completed. *I understand that joining WDFY is strictly voluntary and an individual choice.*

STUDENT SIGNATURE

CELL NUMBER

DATE

SCHOOL

GRADE

CLUBS, SPORTS, AND COMMUNITY GROUPS I BELONG TO

WDFY CHAPTER ADVISOR SIGNATURE

DATE

SDTG08

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WDFY PHOTO RELEASE FORM

The Greater Spokane Substance Abuse Council (GSSAC) would like to celebrate the achievements of our Washington Drug Free Youth (WDFY) members. Throughout the year, GSSAC staff may take photographs of students and WDFY activities. These photographs may appear in various GSSAC materials, including but not limited to GSSAC's website (gssacpreventioncenter.com), WDFY's website (ichoosewdfy.com), newsletters, brochures, or social marketing campaigns. Please fill out and return this form to your student's WDFY advisor.

I hereby irrevocably authorize the Greater Spokane Substance Abuse Council to edit, copy, exhibit, publish or distribute my image and voice for purposes of publicizing GSSAC's programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph.

I hereby hold harmless and release and forever discharge the Greater Spokane Substance Abuse Council from all claims, demand, and causes of action which I may have by reason of this authorization.

(Signature)

(Date)

(Printed Name)

(Date)

**If the person signing is under age 18, there must be consent by a parent or guardian, as follows:*

I hereby certify that I am the parent/guardian of _____, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

(Parent/Guardian's Signature)

(Date)

Parent/Guardian's Printed Name

(Phone)

Terrie Austin
Washington Drug Free Youth Coordinator
GSSAC (Greater Spokane Substance Abuse Council) Prevention Center
(509) 922-8383 www.gssacpreventioncenter.com

WDFY/IDFY MERCHANTS AND SPONSORS

The following are lists of businesses that accept WDFY/IDFY cards and the discounts provided as of 1/1/16. The list is continuously being revised, so check for updates.

<u>Name of Business</u>	<u>Support Offered</u>
• Applebee's Neighborhood Grill (All Spokane/CDA locations)	10% off purchase
• Aspen Sound (All Locations North, Valley, CDA)	20% off speakers & woofers
• Baskin Robbins (12510 E. Sprague Ave.)	10% off purchase
• Bruchi's Cheesesteaks & Subs (10406 N. Division)	10% discount on food purchase
• Denny's (2022 N. Argonne Rd.)	V.I.P. Discount: 10% off purchase
• Five Mile Heights Pizza (6409 N. Maple)	10% off on food purchase
• Galaxy Grind Espresso (12402 E. Saltese)50 cents off any purchase
• Kimmel Athletic Supply Inc. (202 E. Mission Ave.)	10% off in store purchase (except bats, gloves, letterjackets & sale items)
• Luigi's Italian Restaurant (245 W. Main)	10% off food purchase, not valid with any other offers
• McDonald's	Free dessert with purchase of Extra Value Meal
• Medical Lake Pizza Factory (Medical Lake)	50% discount on any size bread sticks (Dine in Only)
• Northwest Museum of Arts & Culture (MAC) (2316 W. 1 st Ave.)	\$1 off student admission to the MAC (Regular \$5)
• Old European Breakfast House (Spokane, Post Falls, Pullman)	10% discount off food purchase
• Papa John's (101 N. Argonne only)	Buy a large pizza at regular price, receive 2 nd of equal or lesser value free
• Pizza Factory (Suncrest / Deer Park)	Free regular soda with any pizza purchase -except sale/coupon items
• Pizza Pipeline (All Spokane area locations)	30% off any regular menu priced carry-out order
• Ron's Drive – Inn (E. Sprague Ave.)	Buy any Ron's combo meal & receive 2 nd burger or sandwich FREE
• Subway (All Spokane area locations) .	50 cents off 6"/\$1.00 off 12" subs w/purchase of medium drink
• Taco Bell (All Spokane & Airway Heights locations)	Buy 1 taco get 1 free
• Taco Time (1414 W. Francis)	Buy 1 get 1 free crisp meat burrito
• Trade A Game (5428 E. Sprague Ave.)	20% off trade or purchase—except sale merchandise
• Victoria's Espresso (Pines Rd.)	.50 cents off any purchase
• Waffles Plus (2625 N. Monroe)	10% off all meals
• Wild Walls (202 W. 2 nd Avenue)	Buy one day pass get second for half price
• Wintersport (3220 N. Division)	½ price ski rental
• Wonderland Family Fun Center (10515 N. Division)	Buy one get one free golf
• Yoke's Fresh Market (9329 E. Montgomery)	\$1.00 off Latte or Antonio's Pizza
* YMCA (Central Y only. 930 N. Monroe)	Friday Night Youth 7-10pm \$2 with WDFY card
*Zip's Drive In (Airway Heights, Cheney, Mead, 11222 E Sprague.	10% off purchase

****Check www.gssac.org in January for more merchant sponsors!