**Braxton County Athletics**

**Athletic Director**

 **Dan Wilson**

 200 Jerry Burton Drive.

 Sutton, WV, 26601

 (304)-765-7331 Ext. 3162

**Section to be Filled Out by Participating Student.**

Please Print or Type:

I, the above-named student, understand after having read the "Student Activity Drug Testing Policy" and "Student Drug Testing Consent Form" that, out of care for my safety and health, Braxton County Schools enforces the rules applying to the consumption or possession of illegal and performance-enhancing drugs. As a member of a Braxton County Schools extra-curricular

interscholastic activity or registered operator of a vehicle on school premises, I realize that the personal decision that I make daily in regard to the consumption or possession of illegal or performance-enhancing drugs may affect my health and well-being as well as the possible endangerment of those around me and reflect upon any organization with which I am associated. If I choose to violate school policy regarding the use or possession of illegal or performance-enhancing drugs any time while I am involved in in season or off-season activities, I understand upon determination of that violation I will be subject to the restrictions as outlined in the Policy.

**Signature of Student:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section to be Filled Out by Parent/Guardian and Coach/Sponsor**

We have read and understood the Braxton County Schools "Activity Student Drug Testing Policy" and "Student Drug Testing Consent Form". We desire that the student named above participate in the extra-curricular interscholastic programs of Braxton County Schools or is a registered operator of a vehicle on school grounds and we hereby voluntarily agree to be subject to its terms. We accept the method of obtaining urine samples, testing and analysis of such specimens, and all other aspects of the program. We further agree and consent to the disclosure of the sampling, testing and results as provided in this program.

**Signature of Parent or Guardian:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Coach/ Sponsor/ Activity:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**POLICY APPROVED BY THE BRAXTON COUNTY BOARD OF EDUCATION: 11/ 21/02,**

**5/10/10, 2/14/11.**