



DEFIANCE CITY SCHOOLS

ATHLETIC CODE OF CONDUCT/ DRUG TESTING CONSENT AGREEMENT

STUDENT NAME: _____ **GRADE** _____

AS A STUDENT:

I understand and agree that participation in athletics activities is a privilege that may be withdrawn for violations of the Athletic Code of Conduct and Expectations, hereinafter Code of Conduct.

I have read the Code of Conduct and thoroughly understand the consequences that I will face if I do not honor my commitment to the Code of Conduct.

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

I understand that when I participate in any athletic program, I may be subject to initial and random drug testing, and if I refuse, I will not be allowed to practice or participate in any athletic activities, as this will count as a positive test and the Defiance HS Athletic Policy will be followed. This will also include five (5) tests over the next 365 days, at the discretion of the Defiance City School's Athletic Department . I have read the Drug Test Consent on the **reverse side of this form** and agree to it's term.

I understand this is binding while a student at Defiance City Schools.

STUDENT SIGNATURE _____ **DATE** _____

AS A PARENT/GUARDIAN/CUSTODIAN:

I have read the Code of Conduct and understand the responsibilities of my son/daughter/ward as a participant in athletic activities in the Defiance City School District.

I pledge to promote healthy lifestyles for all student athletes of the Defiance City School 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 my son/daughter/ward , when participating in any athletic program, may be subjected to initial and random drug testing, and if they refuse , will not be allowed to practice or participate in any athletic activities. I have read the consent form on the **reverse side of this form** and agree to it's terms.

I understand that I am responsible for obtaining medical insurance that will cover any injury incurred through athletic participation at Defiance City Schools.

I understand this is binding while my son/daughter/ward is a student at Defiance City Schools.

PARENT/GUARDIAN SIGNATURE: _____ **DATE** _____

PARENT/GUARDIAN NAME(print): _____

PARENT HOME PHONE: _____ / **CELL:** _____

