

**ELKHART COMMUNITY SCHOOLS
ATHLETIC PROCEDURES AND GUIDELINES**

Graduation Year: _____
Sport: _____

ATHLETE:

I attended the meeting for all Elkhart Memorial athletes, and I have been given the opportunity to ask questions and receive answers concerning the following statement:

I was present when the information regarding GUIDELINES FOR SECONDARY SCHOOL ATHLETICS and other Athletic Department policies and procedures were presented in the EMHS Auditorium. I understand the consequences, including removal from the athletic program for violating the GUIDELINES FOR GOOD SCHOOL ORDER, RULES FOR STUDENT CONDUCT, THE GUIDELINES FOR SECONDARY SCHOOL ATHLETICS, and other school rules. Furthermore, I understand that these rules apply to any Secondary athlete for a period of 365 days/(1) calendar year. By signing below, I agree to each of the following:

- (a) To accept the responsibility for my behavior;*
- (b) To show respect for myself and other students;*
- (c) To comply with Board and School policies, rules, and standards; and*
- (d) To be engaged in the educational and athletic process to the fullest extent.*

Student's Printed Name: _____

Student's Signature: _____

PARENT/GUARDIAN:

I am aware of and have received information for the Elkhart Memorial Athletic Department Policies and Procedures including the Guidelines for Secondary School Athletics and the Drug Testing Program. I understand and agree, as their parent/guardian, to have them comply and be held to these expectations 365 days/one calendar year.

I ATTENDED A MEETING OR I WATCHED THE ONLINE PRESENTATION

(circle one)

Parents/Guardian Signature: _____

Date: _____

STUDENT/ATHLETE DRUG TESTING CONSENT FORM

*We have received, read, and understand Elkhart Community Schools Student Substance Abuse Program for High School Student Athletic Participants and agree that (**print athlete's name**) _____ will participate in the Program and in the interscholastic athletic program within the Elkhart Community Schools. We hereby voluntarily agree to be subject to the terms of Board Policy and Administrative Regulation JFCI and consent to random drug testing as provided for therein. We agree that our child will furnish oral fluid specimens that may be required from time to time. We understand that our child's refusal to provide this specimen will be treated as a positive test.*

We further agree and consent to disclosure of the sampling, testing, and results of testing provided for in this Program to the extent required by the Program. This consent is given pursuant to all State and Federal privacy statutes and is a waiver of rights to non-disclosure of such test records and results only to the extent of the disclosure authorized in the Program.

Grade: _____

School: Elkhart Memorial High School

Student Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____