

ANDERSON COMMUNITY SCHOOL CORPORATION

Pledge and Consent

As a student participant in extra-curricular and/or co-curricular activities at _____. I recognize and accept the fact that my participation is a privilege—an opportunity for me to make a significant contribution to my school, my community, and my personal development.

Representing _____ in extra-curricular and/or co-curricular activities places many responsibilities upon me as an individual. Many people—including fellow students, faculty members, sponsors, coaches, school officials, and parents—are giving many hours of time and a great deal of financial support to provide a fine program for me. In consideration of this, I agree to live by and conduct myself in accordance with the following pledge:

1. I will conduct my self so as to reflect only honor upon myself, my fellow students, my school, parents, and my community at all times in all places.
2. I will keep myself mentally and physically alert so that I can contribute my best efforts, and benefit myself, my fellow participants, my school and my community.
3. I will not use alcohol or unlawful illicit drugs while a student of _____.
4. I will actively discourage the use of alcohol and drugs among youth in order to achieve an alcohol and drug-free schools.

ACTIVITIES:

SPORTS ___ DRAMA ___ DRIVER ___ CHOIR ___ BAND ___ STUDENT COUNCIL ___ OTHER ACTIVITIES ___

Drug-Testing Program Consent Form

I have received, read and understand a copy of “Anderson Community Schools Extra-curricular and Co-curricular Drug/Alcohol Testing Policy.” I have also read and understand the “Pledge” as stated above.

Having this information at my disposal, I _____, will participate in this program and in extra-curricular and/or co-curricular programs, including driving privileges of Anderson Community Schools and do, hereby voluntarily agree to submit to its terms. In an effort to promote a student environment free from alcohol and drug use. I accept the method of obtaining urine sample, testing and analysis of such specimen and all other aspects of this program. I also agree to cooperate in furnishing urine specimens that may be required from time-to-time.

I further agree and consent to the disclosure of the sampling testing, and results provided for in this 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 to the extent of the disclosure authorized in this program.

Custodial Parent/Guardian Signature

Student Signature

Address

Date

Telephone

NOTE: THIS FORM MUST BE RETURNED TO THE COACH OR SPONSOR OF THE ACTIVITY BEFORE A STUDENT WILL BE PERMITTED TO JOIN OR PARTICPATE IN AN EXTRA-CURRICULAR OR CO-CURRICULAR PROGRAM. THIS FORM MUST BE RETURNED BEFORE DRIVING PRIVILEGES ARE AUTHORIZED.