

**New Castle Area School District Student Athlete/Activity Participant
Parent Consent Form**

INFORMED CONSENT AGREEMENT

Student Name _____ Grade _____
(Please Print)

AS A STUDENT:

- I understand and agree that participation in athletics and/or activities is a privilege that may be withdrawn for violations of this policy.
- I understand and realize that there is risk of injury in participating in athletic activities.
- I understand that when I participate in any athletic program or activity, I will be subjected to initial and random urine drug testing; and if I refuse, I will not be allowed to practice or participate in any athletic program or activity.
- I understand this agreement is binding while a student athlete in the New Castle Area School District.

Student Signature _____ Date _____

AS A PARENT/GUARDIAN/CUSTODIAN:

- I understand that my son/daughter/ward, when participating in any athletic program or activity will be subjected to initial and random urine drug testing; and if they refuse, will not be allowed to practice or participate in any athletic activities.
- I understand that upon completion of my son/daughter/ward's activity, I have the option to remove them from the random pool with a signed letter to the Building Principal, assuming that they do not intend on participating for the rest of the year.
- I understand this agreement is binding while my son/daughter/ward is a student athlete and/or participant in a school activity at the New Castle Area School District.

Parent/Guardian/Custodian Signature Date _____

Parent/Guardian/Custodian Name (Please Print) Home Phone Number Work Phone Number

List of Sports/Activities (Please check all that apply):

_____	Football	_____	Cheerleading
_____	Basketball (Boys/Girls)	_____	Flag line
_____	Baseball	_____	Majorettes
_____	Softball	_____	Candy Canes
_____	Track (Boys/Girls)	_____	Volleyball
_____	Cross Country	_____	Tennis
_____	Golf		