

Reynoldsburg City Schools
Athletic Code of Conduct and Expectations

Informed Consent Agreement

Student Name _____ Grade _____

AS A STUDENT:

I understand and agree that participation in athletic activities is a privilege that may be withdrawn for violations of the Athletic Code of Conduct and Expectations, hereinafter Code of Conduct.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 intend to participate or participate in any athletic program, I will be subjected to initial and random urine testing, and if I refuse, I will not be allowed to practice or participate in any athletic activities. I have read the consent on the reverse of this form and agree to its terms.

I understand this is binding while a student at Reynoldsburg.

I understand that I may delay initial testing until the start of a sports season as defined by the sponsoring organization, but in that event I am responsible for the testing cost.

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 Reynoldsburg City School District.

I pledge to promote healthy lifestyles for all student athletes of the Reynoldsburg 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, will be subjected to initial and random urine drug testing throughout the calendar year and if they refuse, will not be allowed to practice or participate in any athletic activities. I have read the consent on the reverse of this form and agree to its terms.

I understand this is binding while my son/daughter/ward is a student at Reynoldsburg.

I understand that initial testing may be delayed until the start of the sports season as defined by the sponsoring organization, but in that event I am responsible for the testing cost.

Parent/Guardian/Custodian Signature Date

Parent/Guardian/Custodian Name (print) Home Phone Work Phone

READ CONSENT TO PERFORM URINALYSIS FOR DRUG TESTING ON REVERSE SIDE.