

ACKNOWLEDGMENT OF STUDENT ATHLETE DRUG TESTING POLICY

I certify that I have received a copy of The Alabama College System Drug Testing Policy and Guidelines for student athletes and I have read and understand the requirements of the policy and guidelines in order to participate in intercollegiate athletics.

Student Athlete=s Name **Printed**

Student Athlete=s Signature Date

Parent=s / Legal Guardian=s Signature Date
(If athlete is a minor; under the age of 19.)

CONSENT TO DRUG TESTING

I understand that to participate in intercollegiate athletics, I will be required to submit to mandatory drug testing. I agree to submit to urine specimen collection(s) for purposes of analysis for drug use. I further agree and consent to the disclosure of the records and test results relating to this analysis b\to be released to the Athletic Director, Head Coach, or other designated college representative in order that my eligibility to participate in the athletic program can be determined.

Student Athlete=s Name **Printed**

Student Athlete=s Signature Date

Parent=s / Legal Guardian=s Signature Date
(If athlete is a minor, under the age of 19.)

