

CLOVER SCHOOL DISTRICT TWO

JJ-E (4)

Parent Permission to Participate in High School Athletics

Agreement to Participate in District Random Drug Testing

Date: ____/____/____

Student's Full Name: _____

Grade: _____

Athletic Sport: _____

Parent/Legal Guardian Full Name: _____

My signature below represents permission for my student to practice, play and otherwise participate in the interscholastic sport shown above. I further understand that the school district requires all athletes to participate in a program of random drug testing as outlined in district information. I give my permission for my student to participate in the district random drug testing program.

Signature of Parent/Legal Guardian: _____

My signature represents my desire to practice, play and otherwise participate in the interscholastic sport shown above. I further understand that the school district requires all athletes to participate in a program of random drug testing as outlined in district information materials. I agree to participate in the district random drug testing program.

Signature of Student Athlete: _____