



Clover School District

**Clover School District Number 2
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 the school district requires all athletes participate in a program of random drug testing as outlined in district information materials. 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 the school district requires all athletes 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: _____