

## CONFIRMATION OF RECEIPT OF THE DRUG EDUCATION AND TESTING POLICY FOR INTERCOLLEGIATE STUDENT-ATHLETES

### ***Signature of Student-Athlete for Participation in Intercollegiate Athletics:***

I acknowledge that I have received a copy of Bethany College's Drug Education and Testing Policy. I understand that this policy contains important information on the drug testing policies for student-athletes and on my obligations as a student-athlete. I agree to read the entire Drug Education and Testing Policy and to abide by the policies and procedures it describes. If I have any questions about the Drug Education and Testing Policy or other related matters, I will consult with my coach, the Athletic Director, or head athletic trainer.

I understand that my eligibility for participation in intercollegiate athletics at Bethany College is conditioned on my compliance with the Drug Education and Testing Policy.

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*Date*

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*Student-Athlete's Printed Name*

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*Birthday*

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*Student-Athlete's Signature (Date)*

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*Bethany College ID#*

### ***Received by:***

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*Head Athletic Trainer's Signature*

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*Date*

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*Athletic Director's Signature*

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*Date*

**Signature of Parent/Guardian for Student-Athletes Who Are Minors:**

I certify that I have custody of Participant or am the legal guardian of Participant by court order. I have received and read Bethany College's Drug Education and Testing Policy and fully understand its terms. I agree to the conditions stated therein on behalf of my minor child. If I have any questions about the Drug Education and Testing Policy or other related matters, I will consult with my minor child's coach or the Athletic Director.

I understand that my minor child's eligibility for participation in intercollegiate athletics at Bethany College is conditioned on his/her compliance with the Drug Education and Testing Policy.

\_\_\_\_\_  
*Printed Name of Parent or Guardian*

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*Relationship to Student-Athlete*

\_\_\_\_\_  
*Signature of Parent or Guardian*

\_\_\_\_\_  
*Date*

**Received by:**

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*Head Athletic Trainer's Signature*

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*Date*

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*Athletic Director's Signature*

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*Date*