

APPENDIX E

**WALLACE COMMUNITY COLLEGE
ATHLETIC DEPARTMENT**

**CONSENT TO DRUG TESTING
&
ACKNOWLEDGEMENT OF STUDENT-ATHLETE DRUG TESTING POLICY**

I understand that to participate in intercollegiate athletics (including athletic managers), I will be required to submit to mandatory drug testing. I agree to submit to urine specimen collections 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 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.

Additionally, I certify that I have received a copy of the Wallace Community College Athletic Department 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, including parental notification requirements. My signature below further authorizes Wallace Community College to notify my parents and/or guardians of the results of my drug test, any sanctions that may or may not be placed on me in relation to the Drug Testing Policy, or other issues relating to the Drug Testing Policy.

Date

Student-athlete's Signature

Witnessed: Coach/Athletic Director

Student-athlete's Printed Name

Parent/Legal Guardian Signature
(if under 19 years of age)