

# Wallace Community College Athletic Department

## ACKNOWLEDGMENT OF ATHLETIC HANDBOOK

I acknowledge receipt of a copy of the Wallace Community College Athletic Handbook and have read and understand all of its contents. I understand that I am subject to all rules and regulations and am subject to disciplinary measures should I violate any of them. I agree to participate and conduct myself in accordance with the rules and regulations of Wallace Community College, the Athletic Department and the coaching staff.

## ACKNOWLEDGEMENT 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.

## 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 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.

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Date

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Student Athlete's Signature

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Student Athlete's Printed Name

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

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Head Coach Signature

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Athletic Director Signature