

Tazewell County Public Schools Student-Athlete

Pledge Program and Parent Agreement

I, _____, have received a copy of the Tazewell County Public Schools' Student Athlete Substance Abuse Policy (JFC-R.9) and Drug Testing of Student-Athletes Policy (JFC- R.9.1) and pledge to abstain from any drug, alcohol substance or tobacco product that would be in conflict with these policies. I understand if I choose to break this pledge I am responsible for the consequences of my actions as outlined in the Student-Athlete Substance Abuse Policy (JFC-R.9). If randomly chosen, I agree to be drug tested in accordance with Tazewell County Public Schools' Drug Testing of Student-Athletes Policy (JFC-R.9.1).

Student / Athlete Signature Date

I have read, understand, and support Tazewell County Public Schools' Student Athlete Substance Abuse Policy (JFC-R.9) and Drug Testing of Student-Athletes Policy (JFC-R.9.1) as being necessary for the physical and mental well-being of my son / daughter as he/she pursues his/her career as a student-athlete in Tazewell County Public Schools. If randomly chosen, I give permission for my child to be drug tested in accordance with Tazewell County Public Schools' Drug Testing of Student-Athletes Policy (JFC-R.9.1).

Parent / Guardian Signature Date

Approved by the School Board: February 9, 2015