

**MACON R-I SCHOOL DISTRICT
STUDENT PARTICIPANT &
PARENT ACKNOWLEDGEMENT FORM**

CITIZENSHIP/SPORTSMANSHIP/RANDOM DRUG TESTING

Parent:

I certify that I have read and understand the expectations and information related to citizenship/sportsmanship policies. I understand that I am a role model for my son/daughter and that I represent our school and our community when I attend an activities function. I also understand that if I do not comply with these responsibilities that I may forfeit my privilege of attending future activities involving our school.

I have read and understand the Drug Policy and give my consent for my child to be included in the random pool for testing throughout the school year

Parent/Guardian's Name (Printed)

Parent/Guardian's Signature

Date: _____

Student:

I certify that I have read and understand the expectations and information related to sportsmanship/citizenship and the random drug testing. I understand that if I do not comply with these rules and responsibilities that I may forfeit my privilege of participating in the school's activities programs.

Student's Name (Printed)

Student's Signature

Date

Student's Grade