

**WHITE PINE COUNTY SCHOOL DISTRICT**

**Code of Conduct Expectations & informed  
Consent Agreement**

Student Name (Please Print)

Date

**AS A STUDENT:**

I understand and agree that participation in athletics and/or extra-curricular activities at White Pine County's schools is a privilege that may be withdrawn for violations of the Code of Conduct and Expectations, hereinafter Code of Conduct.

I have read the Code of Conduct and thoroughly understand the consequences that I will face if I do not honor my commitment to the Code of Conduct. I understand and realize that there is risk of injury in participating in activities. I understand that when I participate in any extra-curricular activity or athletic program, I will be subjected to initial and random urine drug and alcohol testing, and if I refuse, I will not be allowed to practice or participate. I have read the consent on the reverse side of this form and agree to its terms.

I understand this is binding while enrolled as a student at White Pine County's schools.

I have read and understand the Policy for Random Urine Drug and alcohol Testing

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**AS A PARENT/GUARDIAN/CUSTODIAN**

I have read the Code of Conduct and understand the responsibilities of my son/daughter/ward as a participant in athletics and/or extra-curricular activities at White Pine County's schools.

I understand and realize that there is an assumed risk of injury involved for my son/daughter/ward as a participant in activities.

I understand that my son/daughter/ward, when participating in athletics and/or extra-curricular activities, may be subjected to initial and random urine drug and alcohol testing, and if they refuse, will not be allowed to practice or participate. I have read the consent on the reverse side of this form and agree to its terms.

I also understand that upon purchasing an athletic packet, they will be subject to random drug and alcohol testing even though they may be out of season.

After my son/daughter/ward has completed his/her season and has no intention of participating in any other activities for the remainder of the year, I may not remove them from the random program. I understand that if my child has a positive urine drug and alcohol test, my child will be referred for a substance abuse evaluation by an assessment specialist.

I understand this is binding while my son/daughter/ward is a student at White Pine County's schools. I have read and understand the Policy for Random Urine Drug and alcohol Testing

\_\_\_\_\_  
Parent/Guardian/Custodian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian/Custodian Name (Print)

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone