

Appendix A

Confirmation of Receipt of the Drug Education & Testing Policy for Student-Athletes

Acknowledgement of Student-Athlete for participation in intercollegiate athletics:

I acknowledge that I have read and fully understand Motlow State Community College's Reasonable Suspicion Drug Education and Testing Policy and confirm that I will abide by this policy. I understand that this policy contains important information on the drug testing policies for student-athletes and on my obligations as a student-athlete.

If I have any questions about the Drug Testing and Education Policy or other related matters, I will consult with my coach or the Athletic Director. I understand that my eligibility for participation in intercollegiate athletics at Motlow State Community College is conditioned on my compliance with the Drug Testing and Education and Policy.

| | |
|--------------------------------|---------------|
| _____ | _____ |
| Student-Athlete's Printed Name | Date |
| _____ | _____ |
| Student-Athlete's Signature | Date of Birth |

Acknowledgment of parent or guardian of Student-Athletes who are minors:

I certify that I have custody of or am the legal guardian of the student-athlete shown below. I have read and fully understand Motlow State Community College's Drug Testing and Education Policy.

I agree to the conditions stated therein on behalf of my minor child. If I have any questions about the Reasonable Suspicion Drug Testing and Education Policy or other related matters, I will consult with my minor child's coach or the Athletic Director. I understand that my minor child's eligibility for participation in intercollegiate athletics at Motlow State Community College is conditioned on his/her compliance with the Drug Testing and Education Policy.

| | |
|------------------------------------|---------------------------------|
| _____ | |
| Name of Student-Athlete | |
| _____ | _____ |
| Printed Name of Parent or Guardian | Date |
| _____ | _____ |
| Signature of Parent or Guardian | Student-Athlete's Date of Birth |

Received by:

| | | |
|-----------|-------|-------|
| _____ | _____ | _____ |
| Signature | Title | Date |