

# Midland College Athletics Consent Form for Drug Testing

I acknowledge that I have: (1) listened to the athletic trainer thoroughly discuss the “Drug Testing Program for Midland College Athletes” (the “Program”) (2) I have read the literature that has been given to me, (3) I have had the opportunity to ask questions about it, and (4) also know that a copy of the Program is available on file in the head coaches’, athletic trainer and athletic directors offices as well as the Midland College Athletics homepage. I fully understand and agree to abide by its provisions. I understand that my participation in intercollegiate athletics is contingent on my compliance with this program.

In accordance with the terms and conditions of the Program, I consent to have samples of my urine collected and tested for the presence of any of the banned drugs listed in the policies and procedures and also on the following website: ([www.ncaa.org](http://www.ncaa.org)).

I certify that I have read this consent form and the Program, and understand I am subject to and must comply with all policies and procedures in the Program.

This form provides written consent of the student required by the *Family Education Right to Privacy Act* for the release of test results in accordance with the policies and procedures in the Program.

\_\_\_\_\_  
Printed Name of Student Athlete

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature of Student Athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian if Student Minor

\_\_\_\_\_  
Date