



**RANDOM DRUG AND ALCOHOL TESTING PROGRAM
CONSENT TO TEST FORM**

PLAYER NAME _____

The player and his/her parent(s) or guardian acknowledge that the Texoma Youth Hockey Association has the right to perform random drug and alcohol testing on players who wish to exercise the privilege of participating in on and off ice activities.

The player and his/her parent(s) or guardian understand that as a condition of the player being allowed to participate in on and off ice activities in the Texoma Youth Hockey Association, the player may be required to undergo and successfully pass a random screening for alcohol, illegal drugs or other banned substances, as set forth in the leagues Use of Alcohol, Drugs, and Controlled Substances Policy and Player Random Drug Testing Procedures. The player and his/her parent(s) or guardian acknowledge that they have read and understand this policy and procedure and they agree to all terms and conditions contained in the policy and procedure.

The player and his/her parent(s) or guardian hereby consent to participate in the random drug and alcohol testing program and to the disclosure of testing results to designated league personnel and parent(s) and guardians. The player and his/her parent(s) or guardian further understand that the refusal to submit to a drug screening will be treated in the same manner as if the player had tested positive for a banned substance and will not be allowed to participate until a drug and alcohol test is provided to verify eligibility .

The privilege of being allowed to participate in on and off ice activities in the Texoma Youth Hockey Association is contingent on the signing of this consent form.

This consent form shall remain in effect for twelve (12) months from the date it is executed. Any revocation of this consent form shall disqualify the player from participating in on and off ice activities for twelve (12) months.

Player Name (print) _____ Player

Signature _____

Parent/Guardian Signature _____

Date _____

Home Phone _____ work Phone _____ Cell

Phone _____

Medication List

Please provide a list of all daily medication the player takes. Some medication will show up as a positive for the drugs being tested for, if this occurs you will be required to obtain a verified prescription from your doctor or pharmacy.

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

NOTE: Please ensure this form is accurate it will be used to verify whether a positive test result is coming from a prescription medication.