



**Grant County High School
Athlete Forms Signature Sheet**

Athlete Name: _____ School Year: _____

Parent Code of Conduct

I am aware of the Parent Code of Conduct and agree to abide by it.

Parent Name: _____ Signature: Date: _____

Parent Name: _____ Signature: Date: _____

Athlete Code of Conduct

As a member of the Grant County High School Athletic Program, I agree to abide by the policies and procedures set forth in the Athlete Code of Conduct.

Athlete Signature: Parent Signature: Date: _____

Social Media Contract

I am aware of the Social Media Policy and agree to abide by it.

Athlete Signature: Parent Signature: Date: _____

Drug Testing Program Procedure

I hereby consent for my athlete to participate in the school's drug testing program. I understand that my child's obligation as a participant is to provide urine specimens for analysis on both a mandatory and random basis in accordance with the school district's Drug Testing Program Policy. I further understand that my child is subject to the consequences/penalties set forth in the Drug Testing Program Policy. I hereby give my consent to the medical testing company selected by the district, its doctors, employees, or agents, to release all results of the said test to the district and/or its representatives.

Athlete Signature: Parent Signature: Date: _____

Note: Student athletes who are at least 18 years of age may sign this acknowledgement in lieu of parent/guardian.

The Parent Code of Ethics, Athlete Code of Conduct, Social Media Contract, the Drug Testing Procedure and other athletic forms may be found online at <https://www.grant.kyschools.us/GCHSAthletics.aspx>

