



# WILLIAM CAREY UNIVERSITY

## DIRECTOR OF ATHLETICS

498 TUSCAN AVE HATTIESBURG, MS 39401 (601) 318-6415 VOICE (601) 318-6550 FAX

### William Carey University Drug Testing Consent Form

#### To Student-Athletes of William Carey University

You must sign this form to participate (i.e., practice or compete) in intercollegiate athletics at William Carey University. Failure to sign the consent form will result in immediate rescinding of your Athletic Grant-In-Aid by the Director of Athletics.

#### Drug Testing Consent

1. You agree to allow William Carey University to drug test you in order to participate in intercollegiate athletics programs offered by WCU.
2. You understand and agree that this consent and the results of your drug tests, if any, will be disclosed to the Vice President of Student Services, the Director of Athletics, the Head Coach of your sport, the athletic trainer, and the President of the University.
3. You agree to disclose your drug testing results only for the purposes related to your eligibility for participation in regular season and post season competition and referral for counseling and intervention.
4. You affirm that you understand that if you sign this statement falsely or erroneously, you violate the William Carey University Athletic Department policies and procedures and you will further jeopardize your eligibility.
5. You understand that if you are under the age of eighteen (a minor), you must have this form co-signed by a parent or legal guardian.
6. You agree to follow all criteria outlined in the William Carey University Athletic Department Drug Testing Policy.

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian (if student-athlete is a minor)

\_\_\_\_\_  
Name of Student-Athlete (PRINTED)

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

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Sport(s)