



# Shoshone-Bannock Jr./Sr. High School

School office (208) 238-4200

PO Box 790

Fax (208) 238-2628

Fort Hall, ID 83203

## Shoshone-Bannock Jr./Sr. High School Athletic Policy

Shoshone-Bannock Jr./Sr. High School exists to form & assist the whole individual, consistent with the General Education Policy established by the Tribal Education Code. All of our programs, academic, athletic, extracurricular, exist to meet this objective.

The purpose of the interscholastic athletic program at Shoshone-Bannock Jr./Sr. High School is to provide student-athletes with an enjoyable and challenging athletic program which emphasizes the attainment of physical skills strong character development. The program aims to help students develop excellent sportsmanship; strong work ethic; a spirit of cooperation; leadership skills; and personal character traits such as integrity, loyalty, humility, maturity and respect.

The fundamental basis for our program is the view that coaches are teachers and role models of the standards we expect from the student participants. Participation is open to all students who make a serious commitment to their team and who meet the credentials to participate as outlined in the Idaho High School Sports Association (IHSSA).

Shoshone-Bannock Jr./Sr. High School students learn a great deal from their participation in interscholastic athletics including lessons in sportsmanship, teamwork, competition, healthy lifestyles, and how to win and lose gracefully. The program plays an important part in helping the individual student develop a healthy self-concept as well as a healthy body and mind. Competition adds to our school and community spirit and helps all students and families develop pride in their school and community.

### Goals

- To offer a varied program that is flexible enough to meet the needs of the novice athlete, yet strong enough to prepare the skilled athlete for higher levels of competition.
- To develop the concept of team spirit among all members of teams and coaches.
- To teach the fundamentals and techniques of each sport in a progressive, planned sequence that is appropriate for student-athletes at the high school level.
- To foster the positive aspects of competitive athletics (developing the attitude that striving to win is important), while avoiding the negative aspects of competitive athletics (developing the attitude that winning isn't everything).

### Coaches

Head coaches are responsible for monitoring students' progress towards academic eligibility for competition. The coaches' responsibility is establishing and maintaining a philosophy which fosters the highest standards of good conduct.

### Student/Athletes/Managers

Players are always responsible for controlling their own conduct on and off the field/court. The use of foul or disrespectful language will result in no playing time, regardless of the situation. Student-Athletes are responsible for promoting good sportsmanship among their teammates and their opponents. Student-athletes shall respect the decision made by the sport officials, coaches and other school officials and not display any negative actions.

## Spectators

All spectators shall conduct themselves in such a way as to support and advance the values of fair play and sportsmanship. Jeering, harassing of players, coaches, or officials or any negative behavior will not be tolerated. Reports of such behavior will be report to the Sho-Ban School Superintendent. If behavior is not changed and good sportsmanship is not displayed, spectators will be asked to leave the facilities and will not be allowed to attend any further contests.

## EXPECTATIONS & STANDARDS

*Participation in athletics at Shoshone-Bannock is completely voluntary. Our school is unique in that there is a no-cut policy for all athletic teams. The school provides facilities, coaching, transportation and equipment. Student-athletes will be required to sign a statement which stays they have read these expectations and standards and they will adhere to them. No student-athlete will be allowed to participate (practice & athletic competition) unless this statement is signed and returned to the Athletic Director.*

*These expectations & standards are a supplement to the IHSSA guidelines and SBHS student Handbook and are not meant to replace them. The school reserves the right to revoke or restrict the privilege of participation if a student fails to live up to expectations and standards as outlines below,*

1. Student-Athletes must receive passing grades in five (5) out of six (6) classes during the previous trimester to be eligible to participate in their particular sport for the next grading period (Trimester). All student-Athletes will maintain a 2.0 GPA or better. If a Student-Athlete's GPA drops below 2.0, he or she has five (5) school days to satisfy the 2.0 GPA. Failure to do so will cause the participant to be ineligible to play for at least one (1) week. Or until he/she becomes eligible. If this is not followed, the student-athlete is subject to coach/school administrator discipline. Athletes will still be required to attend practice.
2. Regular, punctual attendance in all classes at Shoshone-Bannock Jr./Sr. high school is essential to participation in the athletic programs. A student-athlete who cuts a class will be ineligible to participate in the next scheduled contest. Three violations of this policy during the season will result in dismissal from the team. If an athlete is absent from school on a particular day, he/she may not be present or take part in athletic activities on that day. Students with excused absence/medical, will not be subject to this. Must have prior approval and will be determined on a case by case basis.
3. Without exception athletic participants must turn into the coach or athletic Director a completed Medical Eligibility Form, with physician's signature. No student-athlete may participate in practice or competition until this form is completed and submitted.
4. All student athletes must take a alcohol/drug test at the start of the sport season and them randomly throughout the season.
5. Student-Athletes and parent or guardians are financially responsible for all school equipment furnished to them. Grades and diplomas will not be issued until all equipment is returned and or paid for. The student's family will be billed for any items not returned at the end of the season.
6. Student-Athletes are to be dressed in the official team uniform when representing Shoshone-Bannock Jr./Sr. High School in an athletic contest. These uniforms are to be worn only for athletic competitions and not for physical education classes or recreational use. However, wearing these uniforms on a game day is permissible on special occasions.
7. Student-athletes may NOT transfer from one sport to another in the same season, unless authorized by the School Administrator and the Athletic Director.
8. School personnel will make every effort to keep the locker rooms secure; however the student-athlete is responsible for issued school equipment as well as his/her own personal belongings.
9. The locker area is to be kept neat and clean and any student-athlete using school towels must turn them in to be cleaned.
10. Training supplies are very expensive and must be used wisely and carefully. Tape and under wrap are for care and prevention of injuries ONLY.

11. All injuries of any kind must be reported immediately to the Coach and Athletic Director. Players must allow the Coach and Athletic Director and designated treatment providers to assess the injury and determine if the play should continue.
12. Players and coaches are to travel as a team to and from contest, unless special arrangements have been made with parents and the coach.
13. Athletic practice and play areas will be specifically scheduled for teams. A team is to have exclusive use of its facility during the assigned time and all members are to leave at the end of the time.
14. Students and coaches are responsible to know and meet the eligibility requirements of the IHSAA. Website: [www.idhsaa.org](http://www.idhsaa.org). A copy of this can be obtained from the Athletic Director.
15. Students involved in several activities will be responsible for knowing their schedules so conflicts can be resolved early. This might include athletics, community service, after school projects, college entrance exams, etc. Frequent lateness to practice will be decided by each individual coach for corrective action.
16. All student-athletes are valuable members of their respective teams. If students have concerns regarding their position on the team, the issues should first be taken up with their coach. If necessary, the Athletic Director may also become involved in order to resolve the issue(s).
17. Eligibility shall be done after the first three weeks of the trimester. If a student has an eligibility concern filed by a teacher, which can be submitted anytime, he/she will have five school days to satisfy the 2.0 GPA. Failure will cause students to be ineligible to participate for at least one week or until he/she becomes eligible. Grade check forms (Progress Reports) will be given out to all student-athletes on a bi-weekly basis. Failure to return these forms will result in student being ineligible to compete until the form is completed and turned into the Athletic Director. **Students on IEPs must be in good attendance and making progress towards graduation.**
18. Students who are placed on academic probation may remain on their athletic team, as long as they abide by the contract they establish with their (School/Tribal) Counselor/School Administrator. If the contract is broken, the student may not participate in any team activities for one week. If the contract is broken a second time during the season the student will be dismissed from the team.
19. In the interest of safety and fairness, students on athletic teams must practice ten (10) days before being eligible for competition.
20. Drugs, tobacco and alcohol have no place in school or at school athletic functions. Any student found in violation of the school policy will be subject to the Student Handbook. Furthermore, the following corrective action will apply;
  1. Possession or use of controlled substance or drug paraphernalia on school property of school related activity will result in suspension from all athletic events and teams affiliated with school or two (2) weeks. In addition, a drug/alcohol dependency testing may, in certain cases, be required before re-admittance to athletic teams is allowed. Drug tests can be administered at any time to all student athletes throughout the school year per administration request.
  2. The distribution of controlled substances of any type will normally result in completed suspension from any affiliation with any SBHS teams for a period of no less than one (1) school year.
  3. The use of performance enhancing drugs/supplements is prohibited.
  4. **Referrals will be coordinated by the School Counselor/Athletic Director and partnerships with Tribal Service Providers to assist students with these barriers as a remedy to correct the problem.**
21. Coaches are to monitor that there are/is absolutely no hazing or bullying by any athletic team member. Any hazing or bullying incident must be immediately reported by any member of the coaching staff to the Athletic Director and School Administrator. The student –athlete(s) involved in the hazing or bullying incident will be considered ineligible to practice or play until the incident is reviewed by the Athletic Director and School Administrator. Students are required to immediately report every incident of hazing to the Coach and Athletic Director.

- 22. School Administrator, Athletic Director and the Coach reserve the right to declare an athlete ineligible at any time throughout the school year because of negative attitude towards studies or because of other circumstances.
- 23. All student Athletes will be required to attend the 21<sup>st</sup> Century program and be logged on and completed 2 hours of compass Odyssey or other approved program per week, administered by the 21<sup>st</sup> century program director.

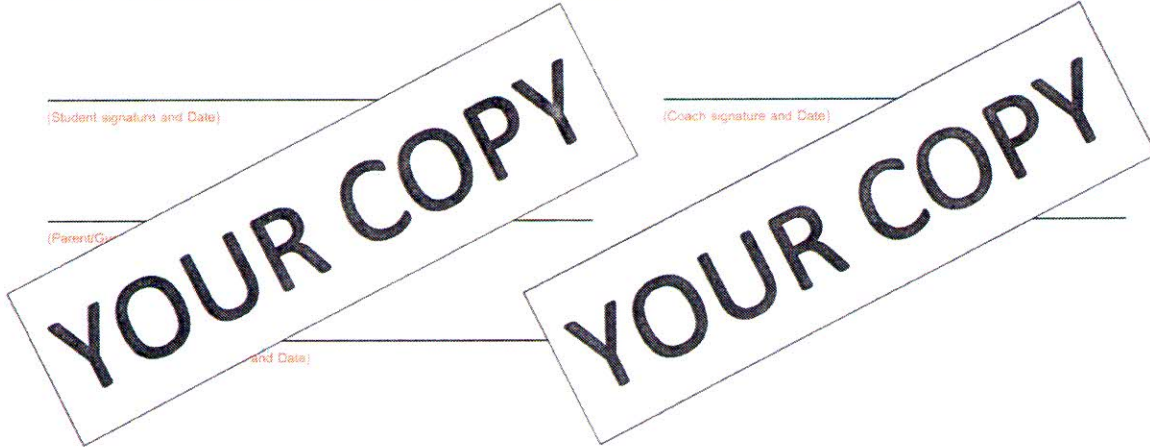
I, (Print Student name) \_\_\_\_\_ & (Print Parent/Guardian name) \_\_\_\_\_ have read this policy in its entirety, understand and will adhere to everything in this policy.

\_\_\_\_\_  
(Student signature and Date)

\_\_\_\_\_  
(Coach signature and Date)

\_\_\_\_\_  
(Parent/Guardian signature and Date)

\_\_\_\_\_  
(School Superintendent signature and Date)



**RETURN THE PORTION BELOW TO YOUR COACH OR ATHLETIC DIRECTOR WITH SIGNATURES & DATED**

I, (Print Student name) \_\_\_\_\_ & (Print Parent/Guardian name) \_\_\_\_\_ have read this policy in its entirety, understand and will adhere to everything in this policy.

\_\_\_\_\_  
(Student signature and Date)

\_\_\_\_\_  
(Coach signature and Date)

\_\_\_\_\_  
(Parent/Guardian signature and Date)

\_\_\_\_\_  
(Athletic Director signature and Date)

\_\_\_\_\_  
(School Superintendent signature and Date)

<p><b>TO BE COMPLETED BY Athletic Director or Coach:</b>  Date received: _____  Received by: _____</p>
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## RULE 13

### PHYSICAL EXAMS

- 13-1 Students are required to undergo a physical examination and have it, along with an *Interim Questionnaire*, on file with the school prior to their first practice in any IHSAA sponsored sport, cheerleading, or dance activity. The *Idaho Health Examination & Consent Form* and *Interim Questionnaire* are available online at [idhsaa.org](http://idhsaa.org).
- 13-2 Physical exams must be taken and on file with the school prior to the first day of practice in the 9th and 11th grades. Any physical taken before May 1 of the 8th grade year will not be accepted.
- 13-3 Physicals are required in the 9<sup>th</sup> and 11<sup>th</sup> grade year. Students who have a physical in their 10<sup>th</sup> grade year must have another for the 11<sup>th</sup> grade. Students will not be required to take an additional physical examination during the 10<sup>th</sup> and 12<sup>th</sup> grades unless:
1. The physician recommends the student have an additional examination.
  2. The parents request an examination in the *Interim Questionnaire*.
  3. Affirmative answers on 1-9 of the *Interim Questionnaire* indicate a possible need for a repeat physical examination.
  4. A student has transferred to Idaho from another state.
- 13-4 Physical exams must be conducted by a licensed physician, physician's assistant or nurse practitioner.
- 13-5 The *Interim Questionnaire* must be completed each year of participation by the parents/guardians of the athlete. The form must be on file in the administrator's office prior to the first day of practice.
- 13-5-1 It is the principal's responsibility to consult with the physician regarding any answers to questions on the *Interim Questionnaire* that may indicate a possible need for a repeat physical examination.



# INTERIM QUESTIONNAIRE

It is required all students complete a history and physical examination prior to his/her first 9th and 11th grade practice in the interscholastic (9-12) athletic program in the State of Idaho. The exam is at the expense of the student and may not be taken prior to May 1 of the 8th and 10th grade years. This examination is to be done by a licensed physician, physician's assistant or nurse practitioner under optimal conditions. Interim history forms are required during the 10th and 12th grade years and must be submitted to the school administration prior to the first practice.

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Sex: M / F  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
School: Shoshone - Bannock Jr/Sr. Participation Grade: \_\_\_\_\_

## MEDICAL HISTORY

### SINCE LAST PHYSICAL EXAMINATION, HAS THIS STUDENT:

Fill in details of "YES" answers in space below:

	Yes	No
1. Had surgery?	<input type="checkbox"/>	<input type="checkbox"/>
2. Been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>
3. Been under a physician's care	<input type="checkbox"/>	<input type="checkbox"/>
4. Had serious illness?	<input type="checkbox"/>	<input type="checkbox"/>
5. Had an injury requiring a physician's care?	<input type="checkbox"/>	<input type="checkbox"/>
6. Been rendered unconscious?	<input type="checkbox"/>	<input type="checkbox"/>
7. Been diagnosed with a concussion?	<input type="checkbox"/>	<input type="checkbox"/>
8. Started taking any new medications?	<input type="checkbox"/>	<input type="checkbox"/>
9. Developed any new drug allergies?	<input type="checkbox"/>	<input type="checkbox"/>
10. Developed any health problems?	<input type="checkbox"/>	<input type="checkbox"/>

Explain "YES" answers: \_\_\_\_\_  
\_\_\_\_\_

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## CONSENT FORM

(Parent or guardian and student permission and approval)

I hereby consent to the above named student participating in the interscholastic athletic program at his/her school of attendance. This consent includes travel to and from athletic contests and practice sessions. I further consent to treatment deemed necessary by physicians designated school authorities for any illness or injury resulting from his/her athletic participation. I also consent to release of any information contained in this form to carry out treatment and healthcare operations for the above named student.

My child  **should** or  **should NOT** have a physical examination prior to participation in high school athletics.

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

PARENT OR GUARDIAN SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

This application to compete in interscholastic athletics for the above school is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulation of the State Association.

SIGNATURE OF STUDENT \_\_\_\_\_ DATE: \_\_\_\_\_

*Note:* The original copy of this form **MUST** be returned to the school



# INTERIM QUESTIONNAIRE

It is required all students complete a history and physical examination prior to his/her first 9th and 11th grade practice in the interscholastic (9-12) athletic program in the State of Idaho. The exam is at the expense of the student and may not be taken prior to May 1 of the 8th and 10th grade years. This examination is to be done by a licensed physician, physician's assistant or nurse practitioner under optimal conditions. Interim history forms are required during the 10th and 12th grade years and must be submitted to the school administration prior to the first practice.

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Sex: M / F  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
School: Shoshone - Bannock Jr/Sr. Participation Grade: \_\_\_\_\_

## MEDICAL HISTORY

### SINCE LAST PHYSICAL EXAMINATION, HAS THIS STUDENT:

Fill in details of "YES" answers in space below:	Yes	No
1. Had surgery?	<input type="checkbox"/>	<input type="checkbox"/>
2. Been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>
3. Been under a physician's care	<input type="checkbox"/>	<input type="checkbox"/>
4. Had serious illness?	<input type="checkbox"/>	<input type="checkbox"/>
5. Had an injury requiring a physician's care?	<input type="checkbox"/>	<input type="checkbox"/>
6. Been rendered unconscious?	<input type="checkbox"/>	<input type="checkbox"/>
7. Been diagnosed with a concussion?	<input type="checkbox"/>	<input type="checkbox"/>
8. Started taking any new medications?	<input type="checkbox"/>	<input type="checkbox"/>
9. Developed any new drug allergies?	<input type="checkbox"/>	<input type="checkbox"/>
10. Developed any health problems?	<input type="checkbox"/>	<input type="checkbox"/>

Explain "YES" answers: \_\_\_\_\_  
\_\_\_\_\_

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## CONSENT FORM

(Parent or guardian and student permission and approval)

I hereby consent to the above named student participating in the interscholastic athletic program at his/her school of attendance. This consent includes travel to and from athletic contests and practice sessions. I further consent to treatment deemed necessary by physicians designated school authorities for any illness or injury resulting from his/her athletic participation. I also consent to release of any information contained in this form to carry out treatment and healthcare operations for the above named student.

My child  **should** or  **should NOT** have a physical examination prior to participation in high school athletics.

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

PARENT OR GUARDIAN SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

This application to compete in interscholastic athletics for the above school is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulation of the State Association.

SIGNATURE OF STUDENT \_\_\_\_\_ DATE: \_\_\_\_\_

*Note:* The original copy of this form **MUST** be returned to the school



## HEALTH EXAMINATION *and* CONSENT FORM

It is required all students complete a history and physical examination prior to his/her first 9th and 11th grade practice in the interscholastic (9-12) athletic program in the State of Idaho. The exam is at the expense of the student and may not be taken prior to May 1 of the 8th and 10th grade years. This examination is to be done by a licensed physician, physician's assistant or nurse practitioner under optimal conditions. Interim history forms are required during the 10th and 12th grade years and must be submitted to the school administration prior to the first practice.

Name: \_\_\_\_\_ Sex: M / F Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 School: Shoshone - Bannock Jr/Sr. Sports: \_\_\_\_\_ Participation Grade: \_\_\_\_\_

### MEDICAL HISTORY

- Fill in details of "YES" answers in space below:
- |   | Yes                      | No                       |  | Yes                      | No                       |
|---|--------------------------|--------------------------|--|--------------------------|--------------------------|
| 1. Have you ever been hospitalized?<br>Have you ever had surgery?   | <input type="checkbox"/> | <input type="checkbox"/> | 6. Have you ever had a head injury?<br>Have you ever been knocked out or unconscious?                            | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you presently taking any medication or pills?  | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been diagnosed with a concussion?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you have any allergies (medicine, bees, other insects)?   | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a seizure?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever passed out during or after exercise?<br>Have you ever been dizzy during or after exercise?<br>Have you ever had chest pain during or after exercise?<br>Do you tire more quickly than your friends during exercise?<br>Have you ever had high blood pressure?<br>Have you been told you have a heart murmur?<br>Have you ever had racing of your heart or skipped heartbeats?<br>Has anyone in your family died of heart problems or a sudden death before age 50?   | <input type="checkbox"/> | <input type="checkbox"/> | 7. Have you ever had heat or muscle cramps?<br>Have you ever been dizzy or passed out in the heat?               | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you have any skin problems (itching, rash, acne)?   | <input type="checkbox"/> | <input type="checkbox"/> | 8. Do you have trouble breathing or do you cough during or after exercise?                                       | <input type="checkbox"/> | <input type="checkbox"/> |
|   |                          |                          | 9. Do you use special equipment (pads, braces, neck rolls, mouth guard or eye guards, etc.)?                     | <input type="checkbox"/> | <input type="checkbox"/> |
|   |                          |                          | 10. Have you ever had problems with your eyes or vision?<br>Do you wear glasses, contacts or protective eyewear? | <input type="checkbox"/> | <input type="checkbox"/> |
|   |                          |                          | 11. Have you had any other medical problems (infectious mononucleosis, diabetes, ect.)?                          | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Have you had a medical problem or injury since your last evaluation? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                          |                          |  |                          |                          |
| 13. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any of bones or joints?<br><input type="checkbox"/> head <input type="checkbox"/> back <input type="checkbox"/> shoulder <input type="checkbox"/> forearm <input type="checkbox"/> hand <input type="checkbox"/> hip <input type="checkbox"/> knee <input type="checkbox"/> ankle<br><input type="checkbox"/> neck <input type="checkbox"/> chest <input type="checkbox"/> elbow <input type="checkbox"/> wrist <input type="checkbox"/> finger <input type="checkbox"/> thigh <input type="checkbox"/> shin <input type="checkbox"/> foot |                          |                          |  |                          |                          |
| 14. Were you born without a kidney, testicle, or any other organ? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                          |                          |  |                          |                          |
| 15. When was your first menstrual period? _____<br>When was your last menstrual period? _____<br>What was the longest time between your periods last year? _____  |                          |                          |  |                          |                          |

Explain "YES" answers: \_\_\_\_\_

### CONSENT FORM

(Parent or guardian and student permission and approval)

I hereby consent to the above named student participating in the interscholastic athletic program at his/her school of attendance. This consent includes travel to and from athletic contests and practice sessions. I further consent to treatment deemed necessary by physicians designated school authorities for any illness or injury resulting from his/her athletic participation. I also consent to release of any information contained in this form to carry out treatment and healthcare operations for the above named student.

If the health care provider's exam will be performed without compensation as part of the school's health examination program for participation in high school activities, I agree to the waiver provisions as set forth in Idaho Code Section 39-7703 and agree that the health care provider shall be immune from liability as specified in said section.

PARENT OR GUARDIAN SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

This application to compete in interscholastic athletics for the above school is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulation of the State Association.

SIGNATURE OF STUDENT \_\_\_\_\_ DATE: \_\_\_\_\_



# Idaho High School Activities Association Physical Examination Form

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Height _____	Weight _____	BP _____ / _____	Pulse _____
Vision R 20 / _____ L 20 / _____		Corrected: Y N	
Normal	Abnormal findings		
<b>Medical</b>			
Pulses			
Heart			
Lungs			
Skin			
Ears, nose, throat			
Pupils			
Abdomen			
Genitalia (males)			
<b>Musculoskeletal</b>			
Neck			
Shoulder			
Elbow			
Wrist			
Hand			
Back			
Knee			
Ankle			
Foot			
Other			

## CLEARANCE / RECOMMENDATIONS

Clearance:

- A. Cleared for all sports and other school-sponsored activities.
- B. Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_
- C. NOT cleared to participate in the following IHSAA sponsored sports /activities:  
 baseball    basketball    cheer/dance    cross country    football    golf  
 soccer    softball    swimming    tennis    track    volleyball    wrestling

NOT cleared for other school-sponsored activities (*example: lacrosse*):  
 \_\_\_\_\_

- D. Student is NOT permitted to participate in high school athletics.

Reason: \_\_\_\_\_

Recommendation: \_\_\_\_\_

Name of physician: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of physician/medical provider: \_\_\_\_\_ Date: \_\_\_\_\_

(This Physical Examination Form MUST be signed by a licensed physician, physician assistant or nurse practitioner)



# Shoshone-Bannock Jr./Sr. High School

School office (208) 238-4200

PO Box 790

Fax (208) 238-2628

Fort Hall, ID 83203

## STUDENT PARENT/GUARDIAN DRUG TESTING CONSENT FORM POLICY 4 AND 20

We, the undersigned Student and Parent, understand that Student's performance, as a participant and the reputation of the Student's school, are dependent, in part, on Student's conduct as an individual. We, the student and Parent, hereby agree to accept and abide by the standards, rules and regulation set forth by the Sho-Ban High school District Board of Trustees and the sponsors for the activity in which Students participates.

We, also authorize Sho-Ban School District to conduct random drug testing of urine specimens which student provides, to test for illegal drug and/or alcohol use. We also unconditionally authorize the release of information concerning the results of such a test to the Sho-Ban School District.

The testing shall be deemed consent, for the purposed of the Family Education Right to Privacy Act.

"Student"

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

"Parent"

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### ACKNOWLEDGMENT

STATE OF IDAHO )

)ss.

County of \_\_\_\_\_ )

On the \_\_\_\_\_ day of \_\_\_\_\_, in the year of \_\_\_\_\_, before me \_\_\_\_\_, a notary public in and for the said State, personally appeared \_\_\_\_\_, personally known to me to be the parsons whose names are subscribed to the within instruments and acknowledged to me that they executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed by official seal, the day and year in this certificate first above written.

\_\_\_\_\_  
Notary Public for Idaho

Residing at \_\_\_\_\_

My Commission Expires \_\_\_\_\_