



**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>*

