

**Manhattan Beach Athletic Foundation
Mira Costa Voluntary Drug Testing Program
Student Information/Enrollment Form**

Student: _____ DOB: _____

Parent/Guardian: _____ Phone Number: _____

Physical Address: _____ City: _____ Zip: _____

Parent Email Address: _____

I (the parent/guardian) hereby give consent for my child to participate in the voluntary drug testing program at Mira Costa High School. I understand the Manhattan Beach Athletic Foundation ("MBAF") contracts with Vin'Ash Coaching to perform all services associated with the program, and I give both MBAF and Vin'Ash Coaching permission to communicate information, as necessary, to conduct drug testing on my child. I understand that MBAF and Vin'Ash Coaching will not communicate the results of the test(s) to any other party without my written consent, including to any representatives of the Manhattan Beach Unified School District. I authorize Vin'Ash Coaching to collect urine samples from my child and perform analysis on such fluids consistent with current substance screening practices. Upon any presumed positive result, I give Vin'Ash Coaching consent to send the sample and participant identifier information to a certified lab of its choice for further testing and confirmation of results. I understand drug testing will take place at my child's school during daytime class hours. The annual cost for the program is \$55 and includes a minimum of two drug testing attempts, any necessary lab confirmation, and all referral services offered by Vin'Ash Coaching's certified drug and alcohol counselors. Attempts on behalf of Vin'Ash Coaching are made periodically and randomly throughout the school year to collect samples from participants. Attempts are considered made if a student is called out of class to produce a sample regardless of his/her ability to perform. At anytime, I may withdraw my student from the voluntary drug testing program by providing written notice to the Manhattan Beach Athletic Foundation; however, I understand I will forfeit any unused services and no refund will be issued.

Signature of Parent or Guardian: _____ Date: _____

I (the student) hereby give my consent to participate in the voluntary drug testing program at Mira Costa High School. I understand that I may be called out of class periodically with no prior warning. I will be required to provide urine samples for screening. I may be required to empty my pockets and stow any items not permissible in the screening area. I give consent for Vin'Ash Coaching to provide any and all results to my parent/guardian via email or by telephone communication.

Signature of Student: _____ Date: _____

Disclaimer: Excluding legally mandatory reporting obligations, all information collected by Vin'Ash Coaching while performing duties in connection with the voluntary drug testing program at Mira Costa High School is confidential. Vin'Ash Coaching conducts testing services on school property and requires the assistance of school personnel to perform drug screening. Excluding permissions mentioned herein, at no time will any information be released to the district, school, or any other person, entity, or agency without prior written consent of the child's parent or legal guardian. The school or district does not take any punitive action on any student for their enrollment or participation in the voluntary drug testing program. The services offered by Vin'Ash Coaching, in conjunction with the Manhattan Beach Athletic Foundation, are designed to decrease juvenile alcohol and drug use, while increasing parent awareness about what their children are doing. Vin'Ash Coaching reserves the right to report to any person, entity, or agency, any testing result collected, provided that all personal information of participants is omitted from such reports.

Please make checks payable, in the amount of \$55, to the Manhattan Beach Athletic Foundation. Mail in only to MBAF, P.O. Box 1585, Manhattan Beach, CA 90267. This application, together with the check, **must be mailed in. Thank you.**