

**HAZLETON AREA HIGH SCHOOL**  
**ATHLETIC DEPARTMENT**  
1601 West 23<sup>rd</sup> Street, Hazleton, PA 18202  
570-459-3221, Ext. 81538

TO: All Extracurricular Activity Students and Parent(s)/Guardian(s)

FROM: HASD Athletic Office

RE: HASD Random Drug and Alcohol Testing Policy Acknowledgement and Confirmation Document

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The illegal use of drugs and alcohol by school-aged students is a national problem that seriously affects everyone. Drug and alcohol abuse affects not only individual users and their families, but also presents new dangers especially in the competitive world of athletics.

The Hazleton Area School District is committed to providing a safe environment and fostering the well-being and health of our student athletes. Alcohol and/or illegal drug use jeopardizes this commitment, and undermines the capability of the Hazleton Area School District to provide a safe environment for all student athletes.

To address this problem, we have developed a policy regarding the illegal use of drugs and the abuse of alcohol that we believe best serves the interests of all student athletes. Our policy, which includes random drug and alcohol testing, formally and clearly states that the illegal use of drugs and the use of alcohol will not be tolerated. This policy is designed with two basic objectives in mind:

1. Student athletes deserve a competitive environment that is free from the effects of drugs and/or alcohol and the problems associated with their use.
2. This District has a responsibility to maintain a healthy and safe environment for all student athletes.

I believe it is important that we all work together to make ours a drug free, alcohol free, safe, and rewarding place to compete. Please review the Drug and Alcohol Policy attached and acknowledge your understanding of this policy with your signatures below. A copy of this signed agreement will be kept on file in the athletic office.

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I have read the Hazleton Area High School Extracurricular Activity Drug and Alcohol Policy and the Athletic Code of Conduct. I understand that I must comply with the stated requirements of their policies. By placing my signature below, I acknowledge these policies and verify that I am not currently using alcohol or possessing, selling, or trading any non-prescribed controlled substance.

Signature of Student Athlete \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Parent(s)/Guardian(s) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

SPORT OR CLUB \_\_\_\_\_

**\*\*\*\*\*RETURN ENTIRE SHEET TO YOUR COACH OR ADVISOR\*\*\*\*\***