

Manhattan Beach Athletic Foundation
 Mira Costa Voluntary Drug Testing Program 2010/2011 School Year
 Student Information/Enrollment Form

Student: _____ DOB: _____ Gender: M / F

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 testing and counseling 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 cost for the program is \$55 per semester and includes a minimum of two drug testing attempts, any necessary lab confirmation, and all referral and support 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 child is called out of class to perform regardless of their ability to perform. At anytime, I may withdrawal my child from the voluntary drug testing program by providing written notice to the Manhattan Beach Athletic Foundation, however, I understand this 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 program at Mira Costa High School are kept strictly 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 school, any other person, entity or agency without prior written consent of the child's parent or legal guardian. The school does not take any punitive action against 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 the report.

Registration options – Select the semester(s) you want your child tested. You may also add 2 additional tests per semester for an additional fee. Any questions with this form, please email admin@vinashcoaching.com

1 st Semester (includes a minimum of 2 tests) = \$55	\$
2 nd Semester (includes a minimum of 2 tests) = \$55	\$
add 2 more tests per semester = \$100	\$
Total	\$

Please includes this form and make checks payable to the Manhattan Beach Athletic Foundation and mail to:
 Manhattan Beach Athletic Foundation
 P.O. Box 1585
 Manhattan Beach, CA 90267-1585