

**MT. ABRAM HIGH SCHOOL  
ATHLETIC'S CHEMICAL USE/ABUSE PLEDGE  
2018-2019**

**Name of Student Athlete:** \_\_\_\_\_

As a participant in MSAD #58 athletics, I am aware of the rules and procedures and I agree to abide by the following for the complete school year. Please check off if you agree.

- I promise myself and my team that I will NOT use alcohol, drugs or tobacco during the sport season and I know these chemicals are harmful to my health and will also affect my athletic performance.
- I know that the first practice is the start of the athletic season and the awards' assemblies marks the end of the season.
- Violation during the period between the last contest and the awards' assemblies may jeopardize letter status and will necessitate restrictions in the beginning of another season.
- I understand that use of alcohol, drugs or tobacco will result in disciplinary action, including expulsion from the team

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Pledge**

AS a parent/guardian of a student participating in the MSAD #58 athletics, I/we will support \_\_\_\_\_'s agreement to abide by rules and procedures around alcohol, drugs or tobacco. I/we further realize the importance of positive role modeling and support in the development of responsible decision-making skills in young adults.

I/we have read The Athletic Handbook and do agree to cooperate with Mt. Abram High School in enforcing the rules and expectations of our student/athlete. I/we understand that in athletics MSAD #58 designates the first practice as the "start" of the season and the awards' assemblies as the "end" of the season. Team members are expected to honor the chemical use/abuse pledge throughout their season. Violation during the period between the last contest and the awards' assemblies may jeopardize letter status and will necessitate restrictions in the beginning of another season. I/we understand that violation of these rules and procedures will result in disciplinary action, including expulsion from the sports team.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

**Please make sure to return this form to Mrs. White in the MAIN OFFICE.**



