

Appendix E

CSU DRUG TESTING DISCIPLINARY AGREEMENT

I _____, understand that on _____ I was notified by the CSU Head Team Physician or designee, that I was found to have a positive drug screen for _____ from the CSU Drug Test administered on _____.

_____ I understand my parent(s) or legal guardian will be notified of the positive test result if I am under 21 years of age.

_____ I will schedule an appointment to meet with the Athletic Director and/or the Senior Staff Sport Supervisor and my Head Coach.

_____ I will schedule an appointment for an intake assessment/counseling and understand I will be financially responsible for any potential expenses incurred for referrals, treatments, intervention programs, hospitalization, etc. as deemed appropriate by the team psychiatrist, drug rehab counseling center, hospital, and/or the head team physician or his/her designee.

_____ I understand that failing to comply with the treatment plan, missing appointments, etc., will be considered non-compliant and result in a second positive test and sanctions. This includes completing the recommendations and counseling in a reasonable time as deemed appropriate by the treating counselor/psychiatrist, and/or the head team physician or their designee.

_____ I understand I will be suspended for 10% of the championship season of my sport, which excludes exhibition games/meets/contests. I understand I cannot participate in any game day activities during my suspension which includes pre/post-game meals, sideline access, stretching/warm-ups, wearing uniforms, sitting on the bench, game day talks in the locker room, travel, etc.

_____ I understand I will be suspended for 7 consecutive days from all team activity which includes practice, film study, weight training, travel, and all other team activities.

_____ If I am injured/ill and not medically cleared to play, I will serve my 10% suspension upon medical clearance from my injury/illness.

_____ I understand I will be subjected to undergo repeated and unannounced drug testing for one calendar year from the date of the positive test result.

_____ I understand, based on team rules, my head coach in consultation with the sports supervisor, has the discretion to add further sanctions which may include but are not limited to additional suspensions, decrease/removal of athletic aid, etc.

I have read and agree to comply with the above Disciplinary Agreement.

(Print Name)

(Signature)

(Date)