SAC- JOAQUIN SECTION CIF

PARENTAL PERMISSION FORM

I hereby grant _____ High School permission to allow a hydration assessment to be performed by a CIF Certified Assessor on a urine sample provided by my son/daughter for the purpose of determining if the appropriate hydration level has been met under the CIF Wrestling Weight Certification Program. I understand that the CIF requires this assessment to be completed in order for my son/daughter to be eligible to compete in wrestling in any CIF competition for the 2009-2010 school year.

By my signature below I understand that my son/daughter agrees to the following:

- **A 20-30ml (1-2 oz) urine sample will be provided by my son/daughter in a restroom facility for the sole purpose of being analyzed for the hydration (specific gravity) to be measured and recorded by a CIF Assessor.**
- **My son/daughter's sample will remain in their possession and under their direct supervision throughout the assessment. They will dispose of their own sample upon completion of the assessment.**

I further understand the following:

- **The location where the sample is being provided will be supervised by school personnel to ensure that the wrestler has provided a sample of his/her own urine without any contamination (females will supervise locations used by female wrestlers; males will supervise locations used by male wrestlers).**
- **Every reasonable measure will be taken to ensure privacy for the wrestler when he/she is submitting a urine sample.**
- **Other than for the hydration testing, the urine sample provided will not be used for any other type of analysis or testing.**
- **The National Institute of Health recommends that individuals who have implanted defibrillators should not participate in this test. There is no scientific evidence that bioelectrical impedance is safe on the fetus during pregnancy.**

I hereby agree to release, discharge and forever hold harmless the CIF, the school and CIF Certified Assessors from any and all claims, which I might now, or hereby have with respect to the urine testing I am consenting to herein. I am free to deny any consent for my son/daughter both now and at any point during the testing.

I acknowledge that I have read this form in its entirety or it has been read to me, and I understand the hydration testing procedure in which my son/daughter will be engaged. I consent and give permission for my son/daughter to participate in this hydration testing.

_____,200__ **NAME OF STUDENT-ATHLETE _____**
DATE

Student Signature _____

NAME OF PARENT/GUARDIAN _____

Parent/Guardian Signature _____

A completed parental permission form MUST accompany your son/daughter when they show up for their assessment. An assessment will not be done if a signed form is not presented to the CIF Assessor.