



# Twin Valley Middle High School

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Whitingham, Vermont 05361

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## EXTRACURRICULAR ACTIVITY SUBSTANCE AND ALCOHOL ABSTENTION POLICY AGREEMENT

The agreement must be signed before a student may participate in any practices, games, or activities.

### STUDENT AGREEMENT

I have read and understand the Rules Prohibiting Drug, Alcohol and Tobacco Use:

By signing this agreement I agree to abstain from the possession or use of any alcohol, non-prescription drug or tobacco product regardless of time, place or occasion.

I understand that if it is determined that I have been in possession or have used any alcohol, non-prescription drug or tobacco product at any time from the beginning of the first day of student activities in August through the last day of school and/or the last student activity, whichever is later, that I will be subject to the consequences for any and all activities in which I participate.

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

### PARENT/GUARDIAN AGREEMENT

I have read and understand the Rules Prohibiting Drug, Alcohol and Tobacco Use:

By signing this agreement I agree to support my son/daughter in their promise to abstain from the possession or use of any alcohol, non-prescription drug or tobacco product regardless of time, place or occasion.

I understand that if it is determined that my son/daughter has been in possession or have used any alcohol, non-prescription drug or tobacco product at any time from the beginning of the first day of student activities in August through the last day of school and/or the last student activity, whichever is later, that he/she will be subject to the consequences for any and all activities in which he/she participate.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

### COACH/ACTIVITY AGREEMENT

I have read and understand the Rules Prohibiting Drug, Alcohol and Tobacco Use:

By signing this agreement I agree to support this student in their promise to abstain from the possession or use of any alcohol, non-prescription drug or tobacco product regardless of time, place or occasion.

I understand that if it is determined that this student has been in possession or have used any alcohol, non-prescription drug or tobacco product at any time from the beginning of the first day of student activities in August through the last day of school and/or the last student activity, whichever is later, that he/she will be subject to the consequences for any and all activities in which he/she participate.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

*Thomas Fitzgerald*  
Principal

<http://www.tvhs.k12.vt.us>

*Lee Ann Monroe*  
Assistant Principal