



**SPORTS MEDICINE –
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PARENTAL PERMISSION FORM

I hereby grant Tredyffrin/Easttown Middle School permission to perform a hydration assessment on a urine sample provided by my son. I understand the purpose of the test is to determine if my son's hydration level has met the appropriate standard under the PIAA Wrestling Weight Certification Program. I am allowing the test to be performed by a Pennsylvania Athletic Trainers' Society/National Wrestling Coaches' Association (PATS/NWCA) Certified Assessor. I understand that the PIAA requires this assessment to be completed in order for my son to be eligible to compete in any PIAA competition for the 2008-2009 season.

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

- A 20-30 mL (1-2 oz.) urine sample will be provided by my son in a restroom facility for the sole purpose of having a drop of that sample analyzed for hydration using a refractometer. The measurement and recording will be performed by a PATS/NWCA Certified Assessor.
- My son's sample will remain in his possession and under the Assessor's direct supervision throughout the assessment. My son will dispose of his own sample upon completion of the test.

I further understand the following:

- The location where the sample is being provided will be supervised by a male staff member to ensure that the wrestler has provided a sample of his own urine without any contamination.
- Every reasonable measure will be taken to ensure the privacy for the wrestler when he is submitting a urine sample.
- The urine sample provided will not be used for any other type of analysis or testing.

I hereby agree to release, discharge and forever hold harmless the PIAA, T/E Middle School, PATS/NWCA Certified Assessors from any and all claims, which I might now, or hereby have with respect to the urinalysis I am consenting to herein. I am free to deny any consent for my son both now and at any point in the testing, with the knowledge of the formal appeals process.

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 will be engaged. I consent and give permission for my son to participate in this hydration testing.

STUDENT-ATHLETE'S NAME: _____

Student-Athlete's Signature: _____

PARENT/GUARDIAN'S NAME: _____

Parent/Guardian Signature: _____

DATE: _____