

SCHOOL DISTRICT OF PITTSBURGH

STUDENT SERVICES
OFFICES OF INTERSCHOLASTIC ATHLETICS AND HEALTH SERVICES

PARENTAL STATEMENT OF TRUTH

I hereby certify that the information supplied herein is true and correct to the best of my knowledge, information and belief. I understand that any false statements are subject to penalties for false verification under the Laws of Pennsylvania. I further certify that I understand that the School District of Pittsburgh is relying upon the truth and accuracy of the information contained herein and in reliance thereon, is permitting my minor child to participate in interscholastic athletics. I further understand that in the event of false or erroneous information on the form, the privilege of participation may be withdrawn.

Student's Name [please print]

Parent/Guardian Signature

Date

STEROID USE PROHIBITION

I, the undersigned parent or guardian, and I, the undersigned student, understand the use of anabolic steroids by any student involved in school-related athletics is prohibited, except for a valid medical purpose. We understand that bodybuilding, muscle enhancement, increased muscle bulk or strength, or the enhancement of athletic ability is not a medical purpose. We further understand that the student may be subject to random and specific testing for anabolic steroid use before and during the athletic season(s). We are aware that the use of anabolic steroids may, at least, result in the temporary or permanent suspension from school athletics as specified by the Board of Public Education.

Parent's Signature

Date

Student's Signature

Date