# SANTA FE PUBLIC SCHOOLS SUBSTANCE ABUSE ATHLETIC CONTRACT

**PHILOSOPHY**

Athletics are an integral part of the education process, providing students with opportunities to further develop their unique qualities, interests, and needs beyond the classroom. Participation in athletics is a privilege afforded and earned by students. Because participants are representatives of their school and community, their conduct is expected to exemplify high standards at all times. **Suspension from athletic participation can be enacted by the school principal based upon behavior determined to be in violation of the Santa Fe Public Schools Code of Conduct.**

Use and/or possession f any controlled /illegal substances, including tobacco products:

a. First Offense – Student athlete suspension from sport in season for the duration of the season or semester, which ever is longer.

b. Second Offense – The student athlete will be suspended from all activities for one (1) calendar year from the date of the incident.

These steps do not exclude more serious consequences (including a recommendation fro removal from the team) if such action is deemed warranted by the high school principal, district athletic director, middle school/K-8 assistant principal, or the head coach.

## Administrative Interpretation

1. This policy applies to all SFPS student athletes who have signed this agreement beginning on the first day of practice of the sport they are participating in.
2. Regarding (a) above, first Offense, practice may be allowed fro subsequent sports. Competition in other sports will not be allowed for the duration of the suspension (see NMAA VII.7.2 – definition of "Season Ends")
3. The principal and the athletic director are the arbitrators of all athletic conflicts.

We have read and understand the policy governing the use or abuse of any controlled/illegal substance, including tobacco products and the consequences involved. The student athlete agrees to abide by the SFPS policy.

_____ _____ _____

Printed Name of Student Signature Date

The parent/guardian agrees to be supportive of the SFPS Substance Abuse policy.

_____ _____ _____

Printed Name of Parent/Guardian Signature Date

_____ _____

Address City/State Phone Number(s)