



**Junior High School Membership Form  
2021-2022 School Year**

**www.DFYinSCV.com**

**Please PRINT neatly in PEN.**

**Full Name:** \_\_\_\_\_ **Shirt Size:** S M L XL

*(Please use school registered name)*

**Parent Phone:** (\_\_\_\_) \_\_\_\_\_ **Cell Phone:** (\_\_\_\_) \_\_\_\_\_

**Student E-Mail:** \_\_\_\_\_ @ \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade:** 7 8

**Parent/Guardian(s) Name:** \_\_\_\_\_

**PARENT/GUARDIAN**

DFY in SCV (Drug Free Youth in Santa Clarita Valley) membership requires verification of a drug and alcohol-free status through screening of oral fluid samples and a commitment to perform community service.

I, the parent/legal guardian of the above named student, give my consent to collect and have tested a sample of oral fluid (saliva) from the above named student. I understand that my child has volunteered to be drug screened as a requirement for membership in the DFY in SCV club. I further realize that, under these circumstances, the above referenced student is in no way implicated as a drug user and is only being subjected to the policies and procedures of the DFY in SCV organization. I understand that I will be notified in the event of a confirmed positive test result. If recommended, I am willing to participate in the intervention and/or treatment process recommended for my child. I realize that the test will not be given through this organization to a student under the age of 18 years old without consent of both the student and parent/legal guardian.

I understand that community service participation is part of the DFY in SCV program. I thereby grant permission for my child to participate. I also grant permission for my child to participate in DFY in SCV program evaluations.

As partial consideration for drug testing, I release the City of Santa Clarita, Wm. S. Hart UHSD, ACTION Family Counseling, Inc., and/or other certified testing laboratories from any liability and I agree to indemnify, hold harmless and defend these entities from any claims which might be made by virtue of such test and results thereof. All testing is confidential. Results are never reported to the police, principal, faculty, or any other DFY in SCV member or non-member other than me (parents/legal guardian) except in the case of suspected child abuse which requires mandated reporting per state law. I also understand that the test results will never become part of any student's permanent record. I further understand that membership in DFY in SCV is strictly voluntary. Also, I understand that the City of Santa Clarita and School may photograph or take video clips of my child, and/or use quotes from my child for use in its promotional and educational materials. I hereby consent to and authorize the City of Santa Clarita and School to do so, and understand that all such photographs, video clips, and quotations are the sole property of DFY in SCV. **DFY in SCV reserves the right to terminate membership at any time for any reason in its sole and absolute discretion.**

\_\_\_\_\_  
**\*Parent/Guardian Signature**

**STUDENT**

I understand that the City of Santa Clarita's Drug Free Youth in Santa Clarita Valley program, herein referred to as DFY in SCV, is a voluntary community service club for youth. As a DFY in SCV Club member, I promise to remain drug and alcohol-free. I also agree to perform a minimum of 10 hours of community service because I understand the community service involvement is a membership requirement of DFY in SCV.

I understand that DFY in SCV policy requires that I pass a random test throughout my membership. As a DFY in SCV member, I understand that if I am chosen to participate in a random drug screening, I will be notified and provided with all of the necessary information I need to ensure my presence at this random test. Additionally, I realize that my absence at this random drug test does not suggest in any way that I have used drugs in the past or will use drugs in the future.

I understand that my test results are held under the highest degree of confidentiality. I also understand that if my drug screen has a confirmed, positive result, I will be notified as well as my parents/legal guardian by the representative of the testing facility. I understand that the results will never be reported to the police, principal, faculty, or any other person except in a case of suspected child abuse which is subject to state law and mandated reporting. I also understand that the test results will never become part of my permanent school record. I understand that my membership (this form) will be valid until the end of junior high. I agree to abide by and uphold the policies of Drug Free Youth in Santa Clarita (DFY in SCV).

\_\_\_\_\_  
**\*Student Signature**