

BRECKSVILLE-BROADVIEW HEIGHTS CITY SCHOOLS  
**TOBACCO/ALCOHOL/DRUG POLICY FORM**

Student Name: \_\_\_\_\_  
(Please Print – Last, First)

Extracurricular Activity: **BAND**

Attached is the **BRECKSVILLE-BROADVIEW HEIGHTS CITY SCHOOL  
DISCTRICT TOBACCO/ALCOHOL/DRUG POLICY FOR  
EXTRACURRICULAR ACTIVITIES AND INTERSCHOLACTIC ATHLETICS.**

This Form must be returned to the advisor prior to the first activity event and will be maintained on file in that office.



We accept the responsibility of reading the policy presented to us and have the privilege to question the advisor/CAPA coordinator for clarification of any part of the material we do not understand.

We also recognize that by our signature we are accepting the consequences of this policy should a violation occur.

It is the recommendation of the Board of Education, school administration, athletic department, and extracurricular advisors that these materials be thoroughly discussed between parent/guardian and child.

* _____ (Parent/ Guardian Signature)	_____ (Date)
_____ (Parent/ Guardian Signature)	_____ (Date)
_____ (Student Athlete/Band Member Signature)	_____ (Date)
_____ (Signature of BBHHS School Official)	_____ (Date)

\* One or both parent(s)/guardian(s) may sign.