

## Prowler Hockey Association Substance Abuse Policy

**A Prowler views drugs and controlled substances as a road block to success. A player who is under the influence of a controlled substance cannot compete and endangers the player and the player's team. The player cheats the player and the players team out of the players best possible performance and puts at risk loosing the players entire PHA hockey career.**

1. Prowler Hockey Association, Inc. ( "PHA" ) , as a private organization, has the right to require any one or all of its member players to submit to a substance abuse test at a ny time and with out notice.
2. A positive test result will be subject to sanctions as determined by the PHA Board of Directors up to and including suspensions from team events, practices, games, dismissal from the team for the remainder of the season or the player's entire high school eligible career.
3. A player will not be eligible for team participation until PHA Board of Directors sanctions are fulfilled and results of an independent substance screening are provided to PHA at the player's/parent's/ guardian's expense.
4. As team members, Prowlers players are expected to support and help each other avoid situations or circumstances where substance abuse could be a problem.
5. I understand that being under the influence of alcohol, illegal drugs, or narcotics specifically excludes me from the benefits of USA Hockey Participant Accident ( Excess ) Coverage and possibly Catastrophic Coverage benefits.
6. The decisions of the Board are final and my be reviewed and changed as determined by the Board. The intent is to keep the athlete drug/alcohol/nicotine free, and protect the safety of all athletics on the PHA Teams.

### Prowler Hockey Association Substance Abuse Policy Acknowledgement

I, \_\_\_\_\_, acknowledge that I have received and understand  
Player name  
the Prowler Hockey Association Substance Abuse Policy and, as a Prowler, I commit that I will not use controlled substances.

\_\_\_\_\_  
Player Name Printed

\_\_\_\_\_  
Player Signature

\_\_\_\_\_  
Date

I, \_\_\_\_\_, acknowledge that I have received and understand  
Parent name  
the Prowler Hockey Association Substance Abuse Policy and, as a Prowler Parent, I understand the consequences my player faces if they are found in violation of this policy.

\_\_\_\_\_  
Parent/Guardian Name Printed

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

\_\_\_\_\_  
Date