California State University, Bakersfield
Intercollegiate Athletics

The following student-athletes for the sport of _____ have viewed the mandatory NCAA Drug Testing video tape:

Printed Name	Signature	Date

I hereby certify that to the best of my knowledge, the information given is correct and complete. I understand that if I knowingly give false information, or violate CSUB or NCAA rules, my employment in the CSUB athletic department may be jeopardized.

Head Coach/ Camp Director *Signature* _____

Athletic Trainer *Signature* _____