Ringgold High School/Catoosa County Schools Athletic Packet

Student Athlete Name: _____
(Last) (First) (Middle)

Parent/Guardian Names: _____

Scan the QR Code to view the RHS/CCPS Athletic Packet in its entirety. INITIAL beside each item once you have reviewed each section and SIGN at the bottom of the page to acknowledge that you fully understand each section. Any questions may be directed to Athletic Director Lee Shell. Return this page ONLY to your head coach OR Athletic Director Lee Shell.

I, the undersigned, do hereby give my permission for _____ to participate in Ringgold High School Athletics during the 20____ school year. I have read, understand, and comply with all the forms attached. Please initial all that apply and return this page to your coach.

I have read and understand the following:

_____Insurance/Medical Information (I have supplied any pertinent medical information for my child listed above).

_____Catoosa County/Ringgold High School Athletic Rules and Conduct/Random Drug Testing

_____Concussion Awareness and Management Form (I have read the forms and understand the facts presented in the form).

_____ Sudden Cardiac Arrest Awareness Form.

_____Field Trip Waiver (I give my student athlete listed above permission to travel with Ringgold High School athletic teams).

_____Emergency Medical Treatment Authorization (I give permission for the treatment of my child listed above).

_____Medical Information Release Authorization (I give permission to release medical information of my child)

_____Athletic Insurance (I have or will purchase insurance for my child listed above. I will accept the financial burden for the absence thereof). I know the supplemental insurance option.

_____I understand that I owe Ringgold High Athletics a **$50.00 athletic fee** that covers Erlanger trainer, trainer supplies, and county mandated drug screening. This fee is paid one time per year to Ringgold High School Athletics.

_____I have read and understand the parent's expectations.

Parent/Guardian_____ Date_____