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.

_____ I have read and understand the K-12 accident insurance.

Parent/Guardian_____ Date_____

Catoosa County Public Schools Athletics

Athlete must have a current physical on file (GHSA form).

Name_____DOB_____Age_____

Address_____

Phone_____Graduation Year_____

List Allergies:_____

_____

List Medications Currently Taking: _____

_____

Contact Lenses/Glasses _____

Name of Father _____
Phone _____

Name of Mother _____
Phone _____

Emergency Contact (Other than parents)

Name_____Relation_____
Phone_____

Name _____Relation_____
Phone_____

In case of emergency or accident on the school grounds or during any school activities involving my child _____, which in the opinion of the school authorities present requires immediate medical or surgical attention, I hereby grant permission to said school authorities to obtain services of a physician or to transport said child to the hospital or emergency facility if it is deemed necessary by school authorities. I hereby grant permission, also to said physician to read said condition unless I am present and request otherwise or until I later request otherwise.

Parent/Guardian_____Date_____

Catoosa County Public Schools Athletics

COUNTY POLICY/SCHOOL CONDUCT

Player Assigned In School Suspension (ISS):
*First Assignment=Minimum one game suspension.
*Second Assignment=Minimum three game suspension.
*Each additional assignment at the discretion of the school administration with the minimum described above.

Player Assigned Out-of-School Suspension (OSS):
*First Assignment: Minimum suspension of 20% of the regular season games.
*Second Assignment: Dismissal from the athletic program for one calendar year.

*Students are allowed to practice while in ISS but **cannot attend or participate in a game.**
*Suspensions for games due to ISS/OSS are applicable only during the season.

TEAM CONDUCT

Poor sportsmanship WILL NOT be tolerated by the RHS Administration or RHS Athletic Directorship.

***Any athlete ejected from a game/match is *automatically suspended for the next two contests per GHSA policy*.**

***Unsportsmanlike* behavior**: Unsportsmanlike Personal Foul/Technical Foul/Restricted to Dugout/Yellow Card=

New 2018 forward-First Offense: Head Coach's Discretion. *School Admin. and Athletic Directorship ***highly*** recommends suspension of game time for first and second offense. First time: One quarter/period/inning…
.
New 2018 forward-Second Offense: Head Coach's Discretion. School Admin. and Athletic Directorship ***highly*** recommends player be suspended for **half** the following contest.

Third Offense: Dismissal from the athletic program the remainder of the school year.

Note: Catoosa County School Board Policy does not allow any student to participate on any day he/she is tardy to school or absent from school unless approved by an administrator.

My signature below constitutes my agreement to comply with the rules of my school athletic program. I also understand that these are only the major rules and each sport may supplement these rules with others to govern other situations.

Student Athlete _____Date_____

I, the parent/guardian of _____have read and understand the above rules.

Parent/Guardian_____Date_____

Catoosa County Public Schools Athletics

Catoosa County Public Schools/Ringgold High School does not tolerate bullying, hazing, or sexual harassment.

The Catoosa County Public Schools Student and Parent Handbook defines bullying as:

Bullying: In accordance with O.C.G.A. 20-2-751.4 bullying means an act which occurs on school property, on school vehicles, at designated school bus stops, or at school related activities or functions or by use of data or software that is accessed through a computer, computer system, computer network, or other electronic technology of a local school system…Any willful attempt or threat to inflict injury on another person when accompanied by an

apparent present ability to do so.
Any intentional display of force such as would give the victim reason to fear or expect immediate bodily harm.
Any intentional written, verbal, or physical act which a reasonable person would perceive as being intended to threaten, harass, or intimidate.

Hazing is defined as: any action taken or any situation created intentionally that causes embarrassment, harassment or ridicule and risks emotional and/or physical harm to members of a group or team, whether new or not, regardless of the person's willingness to participate.
Some definitions of hazing vary but all have common factors:

- Power differential between those in a group and those who want to join a group, or between senior and junior members of a group
- Intentional initiation rite, practice or 'tradition' involved
- Willingness to participate does not absolve responsibility for either party

EXAMPLES OF HAZING

Below are just some examples of hazing practices that occur:

- Forced activities for new recruits to 'prove' their worth to join
- Forced or required consumption of alcohol
- Requirement to eat spicy foods, other substances
- Requirement to endure hardships such as staying awake, menial tasks, physical labor, running while blindfolded, etc.
- Humiliation of new or potential members
- Isolation of new or potential members
- Beatings, paddling, or other physical acts against new or potential members
- Requirements for new or potential members to do things established members are not required to do
- Illegal activities such as requirement to steal local items as part of a scavenger hunt

The Catoosa County Public Schools Student and Parent Handbook defines sexual harassment as:

Sexual harassment is unwelcome sexual advances, requests for sexual favors and other inappropriate oral, written or physical conduct of a sexual nature when made by a member of the school staff to a student or when made by another student to another student or when made by any student to another person on school property or a school event.

Submission to such conduct is made, either explicitly or implicitly, as a term or condition of an individual's education;
2. Submission to or rejection of such conduct by an individual is used as the basis for academic decisions affecting that individual; or
3. Such conduct has the purpose or effect of substantially interfering with an individual's academic or professional performance or creates an intimidating, hostile or offensive academic environment.

Sexual harassment, as defined above, may include but is not limited to the following:
1. Verbal harassment or abuse
2. Pressure for sexual activity
3. Repeated remarks to a person with sexual or demeaning implications
4. Unwelcome touching

5. Suggesting or demanding sexual involvement accompanied by implied or explicit threats concerning ones' grades, jobs, etc. Students must report such an incident in writing to a school official, administrator, counselor or teacher.

Student athletes must understand what constitutes bullying, hazing, and sexual harassment.

Hence, Ringgold High School expects student athletes to refrain from performing acts that are deemed as bullying, hazing, or sexual harassment.

Student athletes must report ANY incidents of bullying, hazing, or sexual harassment to a coach IMMEDIATELY.

Coaches will IMMEDIATELY contact school administration (Principal, Athletic Director) who will then follow all protocol in investigating and reporting the incident to appropriate authorities.

Parent/Guardian_____Date_____

Student Athlete_____Date_____

CATOOSA COUNTY ATHLETIC RULES

I (athlete's name) _____understand that participation in an athletic program in a Catoosa County School is a privilege and not a right. Therefore, I understand and agree to be held to a higher standard of conduct and dress than a student who does not participate in athletics. I acknowledge that this higher standard of conduct will cover my actions at school, on the field, and in the community. I will refrain from taking part in any activity that might reflect negatively on my school or team.

I understand that drugs and alcohol are harmful, and that all athletes in Catoosa County Schools are subject to drug/alcohol testing in accordance with Catoosa County Board of Education drug testing policy.

I recognize that the use of nicotine/THC products is a major health risk and is prohibited by school policy; therefore, I agree not to use or possess nicotine/THC products at any time during the school year.

I agree to dress tastefully and conservatively at all times because I represent my school to others. I know that all school rules are in effect during athletic practices and contests, but I also understand that there are additional special rules that are given by the coaching staff to make our team stronger. Infractions of these rules will become a part of the student's discipline record.

SPECIAL RULES

DRUG/ALCOHOL

CCPS Random Drug Screening
Purpose-

To promote a safe and healthy educational environment free of drugs and alcohol.

To serve as a deterrent and prevention means for illegal drug use of students, athletes, & marching band members as approved by the School Board policy.

Board Policy JCDAC: Student Drug Use
CCPS School Board Drug Use Policy

Scope-

Athletic Drug Screening- The screening process applies to random drug tests for student athletes including marching band, which shall include drill team members, flag twirlers, majorettes, and any other student who practices or performs with the marching band.
CCPS Board Policy for Student Drug Testing

Suspicious Drug Screening- Any student who is suspicious of using illegal drugs or alcohol while at school, has drug paraphernalia in their possession, or appears to be under the influence of drugs/alcohol/ CBD oil or products containing CBD oil while on a CCPS campus may be screened for drug use. This topic is addressed in the CCPS student handbook 2024-2025 page 32.

Off Season violation of county/school drug/alcohol policy will be punished the next season of participation.

Drug/alcohol offenses are cumulative throughout a student's high school career.

Possession or use of drugs and/or alcohol:

First Violation: Minimum suspension of 20% of the regular season games. Before participation in another game, the student must submit a comprehensive drug test, at the family's expense, that will indicate the presence and level of concentration of a full panel of drugs. This drug test should be negative of the presence of drugs, or in the case of marijuana, should reveal declining concentration of the substance.

Second Violation: Dismissal from the athletic program for a calendar year.

Third Violation: PERMANENT dismissal from participation in Catoosa County athletics.

All student drug and tobacco offenses will also be punishable under the Catoosa County Student Code of Conduct.

Student Athlete_____Date_____

Parent/Guardian_____Date_____

STUDENT/PARENT CONCUSSION AWARENESS FORM (**School Copy**)

DANGERS OF CONCUSSION

Concussions at all levels of sports have received a great deal of attention and a state law has been passed to address this issue. Adolescent athletes are particularly vulnerable to the effects of concussion. Once considered little more than a minor "ding" to the head, it is now understood that a concussion has the potential to result in death, or changes in brain function (either short-term or long-term). A concussion is a brain injury that results in a temporary disruption of normal brain function. A concussion occurs when the brain is violently rocked back and forth or twisted inside the skull as a result of a blow to the head or body. Continued participation in any sport following a concussion can lead to worsening concussion symptoms, as well as increased risk for further injury to the brain, even death.

Player and parental education in this area is crucial-that is the reason for this document. Refer to it regularly. This form must be signed by the parent/guardian and student-athlete to be able to participate in GHSA athletics. One copy needs to be returned to the school and one copy retained at home.

COMMON SIGNS AND SYMPTOMS OF CONCUSSION

*Headache, dizziness, poor balance, moves clumsily, reduced energy level/tiredness.
*Nausea or vomiting.
*Blurred vision, sensitivity to light and sounds.
*Fogginess of memory, difficulty concentrating, slowed thought processes, confused about surroundings or game assignments.
*Unexplained changes in behavior and personality.
*Loss of consciousness (NOTE: This does not occur in all concussion episodes).

By-Law 2.68: GHSA Concussion Policy: In accordance with Georgia law and national playing rules published by the National Federation of State High School Associations, any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion shall be immediately removed from the practice or contest and shall not return to play until an appropriate health care professional has determined that no concussion has occurred. (NOTE: An appropriate health care professional may include licensed physician-MD/DO) or another licensed individual under the supervision of a licensed physician, such as a nurse practitioner, physician assistant, or certified athletic trainer who has received training in concussion evaluation and management.

a.) No athlete is allowed to return to a game or practice on the same day that a concussion (a) has been diagnosed, OR (b) cannot be ruled out.
b.) Any athlete diagnosed with a concussion shall be cleared medically by an appropriate health care professional prior to resuming participation in any future practice or contest. The formulation of a gradual return to play protocol shall be a part of the medical clearance.
c.) It is mandatory that every coach in each GHSA sport participate in a free, online course on concussion management prepared by the NFHS and available at www.nfhslearn.com at least every two years-beginning with the 2013-2014 school year.
d.) Each school will be responsible for monitoring the participation of its coaches in the concussion management course, and shall keep a record of those who participate.

I HAVE READ THIS FORM AND I UNDERSTAND THE FACTS PRESENTED IN IT.

Parent/Guardian_____Date_____
Student Athlete_____Date_____

Georgia High School Association Student/Parent Sudden Cardiac Arrest Awareness Form SCHOOL:
1: Learn the Early Warning Signs If you or your child has had one or more of these signs, see your primary care physician:

• Fainting suddenly and without warning, especially during exercise or in response to loud sounds like doorbells, alarm clocks or ringing phones

• Unusual chest pain or shortness of breath during exercise

• Family members who had sudden, unexplained and unexpected death before age 50

• Family members who have been diagnosed with a condition that can cause sudden cardiac death, such as hypertrophic cardiomyopathy (HCM) or Long QT syndrome

• A seizure suddenly and without warning, especially during exercise or in response to loud sounds like doorbells, alarm clocks or ringing phones

2: Learn to Recognize Sudden Cardiac Arrest If you see someone collapse, assume he has experienced sudden cardiac arrest and respond quickly. This victim will be unresponsive, gasping or not breathing normally, and may have some jerking (Seizure like activity). Send for help and start CPR. You cannot hurt him.

3: Learn Hands-Only CPR Effective CPR saves lives by circulating blood to the brain and other vital organs until rescue teams arrive. It is one of the most important life skills you can learn – and it's easier than ever.

• Call 911 (or ask bystanders to call 911 and get an AED)

• Push hard and fast in the center of the chest. Kneel at the victim's side, place your hands on the lower half of the breastbone, one on top of the other, elbows straight and locked. Push down 2 inches, then up 2 inches, at a rate of 100 times/minute, to the beat of the song "Stayin' Alive."

• If an Automated External Defibrillator (AED) is available, open it and follow the voice prompts. It will lead you step-by step through the process, and will never shock a victim that does not need a shock. By signing this sudden cardiac arrest form, I give High School permission to transfer this sudden cardiac arrest form to the other sports that my child may play. I am aware of the dangers of sudden cardiac arrest and this signed sudden cardiac arrest form will represent myself and my child during the 2021-2022 school year. This form will be stored with the athletic physical form and other accompanying forms required by the School System. I HAVE READ THIS FORM AND I UNDERSTAND THE FACTS PRESENTED IN IT. Student Name (Printed) Student Name (Signed) Date Parent Name (Printed) Parent Name (Signed) Date (Revised: 3/21)

By signing this sudden cardiac arrest form, I give Ringgold High School permission to transfer this sudden cardiac arrest form to the other sports that my child may play. I am aware of the dangers of sudden cardiac arrest and this signed sudden cardiac arrest form will represent myself and my child during the 2021-2022 school year. This form will be stored with the athletic physical form and other accompanying forms required by the School System.
I HAVE READ THIS FORM AND I UNDERSTAND THE FACTS PRESENTED IN IT.

Student Name _____ (Printed)

Student Name _____(Signed) Date_____

Parent Name_____ (Printed)

Parent Name_____ (Signed) Date _____
(Revised: 3/21)

Catoosa County Public Schools Athletics

FIELD TRIP/ATHLETIC TRAVEL WAIVER OF RESPONSIBILITY

Whereas, I (We) recognize that the trip is a voluntary educational opportunity/athletic event. I (We) the parent(s) or legal guardian(s) grant our student/student athlete permission to travel with the chosen group of students under the supervision of the school board-approved chaperones of the school board approved trip. I (We) agree not to hold responsible, the chaperones, Ringgold High School, its officers, or the Catoosa County Board of Education for accidents, injuries, or illness of our child during this trip.

*Permission is granted upon initialing and signing the front page of the packet and the bottom of this page.

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

The undersigned hereby authorizes Ringgold High School as our agent to give consent to medical or surgical treatment by any licensed physician or hospital for our child if/when such treatment is deemed necessary by such physicians we cannot be reached within a reasonable length of time.

Such consent may include, but is not limited to, transportation to a hospital emergency room, administration of necessary anesthetics, medical treatment, tests, x-ray, examinations, transfusions, injections or drugs, and the performing of whatever operations may be deemed necessary or advisable. It is understood this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required.

*Permission is granted upon initialing and signing the front page of the packet and the bottom of this page.

MEDICAL INFORMATION RELEASE AUTHORIZATION

Medical information concerning your child will be released to medical and school personnel who require said information. If you desire to withhold or restrict the release of medical information regarding your child, you must notify the school athletic director (Ringgold High) in writing. Your signature on this form acts as the authorization to release this medical information.

*Permission is granted upon initialing and signing the front page of the packet and the bottom of this page.

Parent/Guardian_____Date_____

PHYSICIAN REFERRAL and ATHLETE RETURN TO PARTICIPATION POST INJURY

Physician Referral Policy

The Athletics Department/Ringgold High school utilizes the services of an athletic trainer recognized as a professional in the field of sports medicine. They have been selected as departmental representatives based on their experience and demonstrated knowledge in athletic injury care.

Injured student-athletes will be assessed by the athletic trainer and if required, referred to a physician, orthopedic surgeon, or other specialist. Medical release forms signed at physicals will allow for communication between physicians, trainers and coaches regarding the diagnosis and care for athletically-related injuries. Student-athletes who choose to see their private physician for athletic injuries must recognize the fact that communication and care for injuries by the athletic trainer is hampered when they do so. Valuable treatment and practice time is frequently lost and, for these reasons, this practice is discouraged.

Student-athletes may request a second opinion after seeing a physician. The athletic trainers will work with the physicians to arrange this referral. The physician/specialist sought for a second opinion must be of **equal or higher care** than the initial physician/specialist.

Medical Disability Policy

This policy only applies to student-athletes who are injured while participating/competing in athletics and who, as a result, are rendered medically unable to continue athletic participation.

Student-athletes competing for the Athletics Department/Ringgold High school must assume that participation carries the risk of injury. Some injuries may prevent a student-athlete from continuing athletic participation. All such medical decisions will be rendered by the athletic trainer and physicians.

The following procedure will be followed to determine on a medical basis whether an injury is severe enough to preclude further athletic competition by a student-athlete and when a student-athlete can return to participate in athletic activities:

1. The student-athlete must report to the trainer for evaluation.

2. An appointment will be made with a physician, orthopedic surgeon, or other applicable specialist to evaluate the injury in question.

3. A form will be completed and signed by the physician with his/her recommendation regarding the ability of the student-athlete to continue participation/competition. The clearance letter *must* state the reason for the visit.

4. The student-athlete cannot return to athletic practice, workout, or competition until the physician, orthopedic surgeon, or other applicable specialist provides a letter to the athletic trainer releasing the athlete to return to athletic events. Again, the clearance letter *must* state the reason for the visit.

Catoosa County Public Schools Athletics

SUPPLEMENTAL ATHLETIC INSURANCE EXPLANATION

CCPS does not offer free supplemental athletic insurance. However, parents/guardians can purchase reasonable voluntary coverage. This supplemental insurance, through K&K Insurance, could cover everything except heat exhaustion or heat related problems. The supplemental insurance will not cover any injury that might have been caused by a pre-existing condition. Therefore, the insurance must be purchased prior to an injury occurring.

It is highly recommended to purchase the voluntary coverage through the K12 website www.studentinsurance-kk.com. If insurance is purchased through the website, you will receive an ID card generated and emailed to you.

By initialing the front page and signing below, I acknowledge that I have read and understand the CCPS/Ringgold High voluntary insurance coverage.

Parent/Guardian_____Date_____

Catoosa County Public Schools Athletics
ATHLETIC FEE

Athletes are required to pay a one time, per year, athletic fee to cover the expenses of our Erlanger trainer, trainer supplies, and CCPS mandated drug testing.
Families with multiple student athletes attending Ringgold High School will only pay one athletic fee of $50.00 for the family.
Make checks payable to Ringgold High School Athletics. Please write in the note section that this is for athletic fee and student athlete's name.
This fee may be paid during registration.
You may contact Ringgold High (Athletic Director) or Ringgold High (Bookkeeper) with any concerns or questions.

Catoosa County Public Schools Athletics

ATHLETICS PARENTAL CODE OF CONDUCT AGREEMENT

Parent Name:_____ Parent Signature:_____

Date:_____

Athletes Name:_____

Code of Conduct - As a parent I will:

*Choose to enjoy the athletic journey with my kids, their teammates, and the families involved.

*Strive to remember that sport is intended for enjoyment.

*Focus on who my child is becoming rather than what he/she achieves in sport.

*Understand that sport is filled with adversity and by overcoming adversity, my child can build resiliency. Strive to remember that my child's worth and value are not reflected in their athletic ability.

*Inform the coach of any injury or ailment that may affect the safety of my child or the safety of others. *Demand my child treat all players, coaches, officials, and spectators with respect regardless of differences. (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent such as booing, taunting, or using profane language or gestures. (and my guests) will be a positive role model for every child and encourage sportsmanship by showing respect, and courtesy, and by demonstrating positive support for all players, coaches, officials, and spectators at every game, or practice.

*Attend organizational and team meetings to learn the expectations for participation on this team.

*Respect officials, coaches, and their authority before, during, and after games.

*Leave the coaching to the coaches, enduring not to publicly criticize coaches, strategies, or the team; nor pressure my child or coaches about playing time and performance.

*Never question, discuss, or confront coaches unexpectedly.

*I will request a meeting through email and will take the time to speak with coaches at an agreed-upon time and place.

*Understand that if I fail to abide by the aforementioned rules and guidelines, I will be subject to disciplinary action that could include, but is not limited to the following:

Verbal warning by official, head coach, administrator.

Parental game suspension with documentation of the incident kept on file.

Parental season suspension

Student Accident Coverage

https://drive.google.com/file/d/1kjXpJxgVgGe2K0H6X8UFXzVbGDTzgekv/view?usp=sharing English

https://drive.google.com/file/d/1vTt5L3xEVgufbqmkZCEcMMuY0HSRmgty/view?usp=sharing Espanol

K-12 Student Accident Insurance

https://drive.google.com/file/d/1qVyHCF_eSOz00WUEHCn-ccduaZh56SdW/view?usp=sharing