

# HERITAGE HIGH SCHOOL

## Athletic Check Sheet

Phone: 706-937-6464

Fax: 706-937-6477

Ronnie Bradford, Principal  
Eric Schexnaildre, Athletic Director

**\*Fill out this page in blue or black ink only\***

I, the undersigned, do hereby give my permission for \_\_\_\_\_ (print student's name) to participate in Heritage High School Athletics during the **2019-2020** school year. I have read, understand, and will comply with all forms indicated on the Athletics page of the Heritage High School website. **Please initial the following items and return this page to your coach.**

### I have read and understand the following:

\_\_\_\_\_ Medical Information Card (*I have supplied all pertinent medical information for my child listed above*).

\_\_\_\_\_ Catoosa County Athletics Rules and School Conduct

\_\_\_\_\_ Concussion Awareness and Management Form (*I have read the forms and I understand the facts presented in it.*)

\_\_\_\_\_ Field Trip Waiver (*I give my student, listed above, permission to travel with all Heritage High School athletic teams in which he/she participates.*)

\_\_\_\_\_ 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 listed above.*)

\_\_\_\_\_ Athletic Insurance (*I have, or will purchase, insurance for my child listed above or accept the financial burden for the absence thereof.*)

\_\_\_\_\_ Heat Policy

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

\_\_\_\_\_  
Date

**HERITAGE HIGH SCHOOL**  
**Ringgold, Georgia 30736**

Ronnie Bradford, Principal  
Eric Schexnaildre, Athletic Director

Medical Information Card  
Heritage Athletics

**\*Fill out this page in blue or black ink only\***

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Year you will graduate \_\_\_\_\_ Do you wear contact lenses or glasses? \_\_\_\_\_  
Abbreviated medical history (previous injuries, medical problems, etc.) \_\_\_\_\_

List any allergies you have \_\_\_\_\_

List any medications you currently take \_\_\_\_\_

Name of Father (or guardian) \_\_\_\_\_

Cell phone # \_\_\_\_\_ Work phone # \_\_\_\_\_

Name of Mother (or guardian) \_\_\_\_\_

Cell phone # \_\_\_\_\_ Work phone # \_\_\_\_\_

In case of emergency, contact (other than parent or guardian)

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Primary Care Physician

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Insurance Provider \_\_\_\_\_ Policy Number \_\_\_\_\_

Group Number \_\_\_\_\_ ID Number \_\_\_\_\_

In case of an emergency or accident on school grounds or during any school activity involving my child, \_\_\_\_\_, which in the opinion of the school authorities present, requires immediate attention 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 or Guardian Signature

\_\_\_\_\_  
Date

## Catoosa County Athletic Rules

I \_\_\_\_\_ understand that participation in an athletic program at 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 tobacco products is a major health risk and is prohibited by school policy; therefore, I agree not to use or possess tobacco 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 understand that male athletes are not permitted to wear earrings or body jewelry of any type, at any time during the school year. I will keep my hair at a reasonable length and in a conservative style in order to represent my team in a positive manner.

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.

### **THESE SPECIAL RULES ARE:**

#### **DRUG/ALCOHOL**

##### **Possession or use of drugs or alcohol:**

1<sup>st</sup> Violation: Minimum suspension of 10% of the regular season games plus required entry into a drug/alcohol counseling program. Before participation in another game, the student must submit a comprehensive drug test, at family's expense, that would 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 a declining concentration of the substance.

2<sup>nd</sup> Violation: Dismissal from the athletic program for a calendar year.

3<sup>rd</sup> Violation: Dismissal from participation in athletics permanently in Catoosa County.

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

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

## SCHOOL CONDUCT

**Player assigned to In-School Suspension:** (Definition: ISS begins the first day served. The assignment is in effect for 24 hours in respect to participation in school activities.)

1<sup>st</sup> Assignment: Minimum 1 game suspension.

2<sup>nd</sup> Assignment: Minimum 3 games suspension.

3<sup>rd</sup> Assignment: Dismissal from the athletic program the remainder of the school year.

Player assigned to Out-of-School Suspension:

1<sup>st</sup> Assignment: Minimum Suspension of 20% of the regular season games.

2<sup>nd</sup> Assignment: Dismissal from the athletic program for a calendar year.

## TEAM CONDUCT

Unsportsman like behavior:

1<sup>st</sup> Offense: Punishment at coach's discretion.

2<sup>nd</sup> Offense: Punishment at coach's discretion.

Note: Any athlete ejected from a game is automatically suspended for the next 2 games by G.H.S.A.

3<sup>rd</sup> Offense: Dismissal from the athletic program the remainder of the school year.

Unexcused absences from practice/game:

1<sup>st</sup> Violation: 1 game suspension.

2<sup>nd</sup> Violation: Dismissal from the team for the remainder of the 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.

Athletes must comply with the rules of the Catoosa County Schools athletic program. By agreeing to participate in Catoosa County School athletics, students understand that these are only the major rules and each sport may supplement these rules with others to govern other situations.

**Initials on Athletic Check List does not necessarily mean parent or guardian agrees with all the rules contained herein, but that parent or guardian has read them and understands that their child will be required to follow them.**

## STUDENT/PARENT CONCUSSION AWARENESS FORM

SCHOOL: Heritage High School

### 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, and even death.

Player and parental education in this area is crucial – that is the reason for this document. Refer to it regularly.

- **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 or 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 a 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](http://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 the coaches in the concussion management course, and shall keep a record of those who participate.

## Concussion Management

1. Prior to the beginning of each season of any extracurricular athletic activity, all parents or legal guardians of participating students shall be provided an information sheet informing them of the nature and risk of concussion and head injury.
2. If a student participating in an extracurricular athletic activity exhibits symptoms of having a concussion, he or she shall be removed from the activity and be examined by a health care provider.
3. If a student is deemed by a health care provider to have sustained a concussion, the coach or other designated personnel shall not permit the student to return to play until he or she receives clearance from a health care provider for a full or graduated return to play.
4. As used in this policy, a “health care provider” means a licensed physician or another licensed individual under a physician’s supervision, such as a nurse practitioner, physician assistant, or certified athletic trainer who has received training in concussion evaluation and management.
5. Coaches, employees, and other designated individuals supervising extracurricular athletic activities are expected to use their training, personal judgment, and discretion in implementing this policy.
6. This policy is not intended to create any liability for, or create a cause of action against, the Board of Education or governing body of a charter school or their officers, employees, volunteers, or other designated individuals for any act or omission to act related to the removal or non-removal of a student from an extracurricular athletic activity.
7. The Board authorizes the Superintendent to direct the development of administrative regulations and/or guidelines needed to implement this policy.

---

Catoosa County Schools

Date Adopted 10/01/2013

### **Georgia Code**

### **Description**

C.C.G.A. 20-02-0324.1      Concussion management and return to play policies for youth athletes.

These references are not intended to be part of the policy itself, nor do they indicate the basis or authority for the board to enact this policy. Instead, they are provided as additional resources for those interested in the subject matter of the policy.

# HERITAGE HIGH SCHOOL

3960 Poplar Springs Road  
Ringgold, Georgia 30736  
Phone 706-937-6464  
Fax 706-937-6477

Ronnie Bradford, Principal  
Eric Schexnaildre, Athletic Director

## FIELD TRIP WAIVER OF RESPONSIBILITY

Whereas, I (we) recognize that the trip is a voluntary educational opportunity, I (we) the parent(s) or legal guardian(s) grant my (our) child 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, Heritage High School, its officers, or the County Board of Education for accidents, injuries, or illness of our child during this trip.

**Permission is granted upon initialing front page of packet.**

.

# HERITAGE HIGH SCHOOL

3960 Poplar Springs Road  
Ringgold, Georgia 30736  
Phone 706-937-6464  
Fax 706-937-6477

Ronnie Bradford, Principal  
Eric Schexnaildre, Athletic Director

## EMERGENCY MEDICAL TREATMENT AUTHORIZATION

Please read the following statement closely. This form is mandatory for each athlete in our athletic program.

Parent or legal guardian hereby authorizes Heritage High School as my (our) agent to give consent to surgical or medical treatment by any licensed physician or hospital in the state of Georgia for my (our) child if/when such treatment is deemed necessary by such physicians and I (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, test, x-ray, examination, transfusions, injections or drugs, and the performing of whatever operation may be deemed necessary or advisable. It is understood that authorization is given in advance of any specific diagnosis, treatment, or hospital care being required.

**Permission is granted upon initialing front page of packet.**

# **HERITAGE HIGH SCHOOL**

3960 Poplar Springs Road  
Ringgold, Georgia 30736  
Phone 706-937-6464  
Fax 706-937-6477

Ronnie Bradford, Principal  
Eric Schexnaildre, Athletic Director

## **MEDICAL INFORMATION RELEASE AUTHORIZATION**

Please read the following statement closely. This form is mandatory for each athlete in our athletic program.

Medical information concerning your child will be released to medical and school personnel who need that information. If you desire to withhold or restrict the release of medical information regarding your child, you must notify the athletic director in writing.

**Permission is granted to release this medical information upon initialing the front page of packet.**

# HERITAGE HIGH SCHOOL

3960 Poplar Springs Road  
Ringgold, Georgia 30736  
Phone 706-937-6464  
Fax 706-937-6477

Ronnie Bradford, Principal  
Eric Schexnaildre, Athletic Director

## HERITAGE HIGH SCHOOL SUPPLEMENTAL ATHLETIC INSURANCE EXPLANATION

HHS offers supplemental insurance coverage for any student athlete. It covers everything except heat exhaustion or heat related problems. Also, it will not cover an injury that might have been caused by a pre-existing condition.

You can acquire an insurance form from the athletic director or school office.

**I have read and understand the HHS Supplemental Athletic Insurance Coverage Option.**

**Please initial the front page to indicate that you have insurance, will purchase supplemental insurance, or accept responsibility for the financial burden for the lack thereof.**



**Heritage High School  
Heritage Athletics**

3960 Poplar Springs Road  
Ringgold, GA 30736

Phone 706-937-6464  
Fax 706-937-6477

Parents or Guardians

Heritage High School, in conjunction with the Georgia High School Association (GHSA), has instituted a heat and humidity policy. The policy is designed to help protect student athletes in times of extremely high heat and humidity. The measuring device used is referred to as a Wet Bulb Globe Tester. This device takes into account air temperature, relative humidity, and direct solar radiation on the body. It uses a complex math formula to calculate the WBGT reading. This reading is then digitally displayed for athletic and medical personnel to see. Both our athletic staff and our athletic trainer will monitor and track the WBGT reading and record it.

The state has set guidelines to the practice lengths and rest periods for the athletes, given certain WBGT readings. Any WBGT reading that exceeds 92 degrees will render immediate stoppage of practice until the reading drops below 92. **Understand that a 92 on a WBGT and a 92 on a regular thermometer are not the same.**

It is our intention to keep all athletes safe in every aspect of their participation in athletics here at Heritage High School and that every precaution is being taken to do so. Should you have any questions concerning this heat policy, please contact the athletic department.

Thank you,

Eric Schexnaildre

Athletic Director