

RINGGOLD ATHLETICS
RINGGOLD HIGH SCHOOL
29 TIGER TRAIL
J.R. Jones, Principal
Lee Shell, Athletic Director
School Phone: 706-935-2254
School Fax: 706-965-8910

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

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

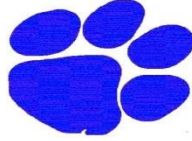
_____Field Trip Waiver (I give my student athlete listed above permission to travel with
Ringgold High School athletic teams).

_____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 listed above).

_____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 supplemental insurance option.

Parent/Guardian_____Date_____



RINGGOLD ATHLETICS
RINGGOLD HIGH SCHOOL

Athlete must have a current physical on file (GHS 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 _____

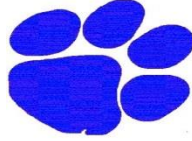
Name _____ Relation _____

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 _____



RINGGOLD HIGH SCHOOL
SCHOOL/TEAM CONDUCT

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. *RHS 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. RHS 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.

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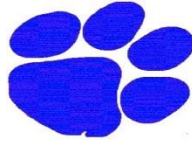
Note: Catoosa County School Board Policy does not allow any student to participate on any day he/she is tardy to school or absent from school unless approved by an administrator.

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 _____



BULLYING/HAZING/SEXUAL HARASSMENT

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.

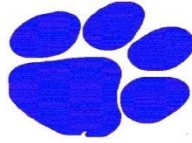
Hence, Ringgold High School expects student athletes to refrain from performing acts that are deemed as bullying, hazing, or sexual harassment.

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 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 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

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)
RINGGOLD 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, 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 _____

STUDENT/PARENT CONCUSSION AWARENESS FORM (**Parent/Family Copy-Keep in your files.**)
RINGGOLD HIGH SCHOOL

DANGERS OF CONCUSSION

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- h.) 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 _____

Detach this page from the packet and keep it in your personal files.



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.

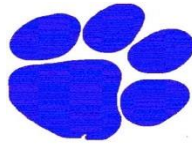
*Permission is granted upon initialing and signing the front page of the packet and the bottom of this page.

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 (Lee Shell) in writing. Your signature on this form acts as the authorization to so 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 _____



RINGGOLD HIGH SCHOOL
SUPPLEMENTAL ATHLETIC INSURANCE EXPLANATION

RHS offers a supplemental insurance coverage for any student athlete. This supplemental insurance will 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.

You may acquire a supplemental insurance form from your head coach or contact Lee Shell at lshell.rhs@catoosa.k12.ga.us

By initialing the front page and signing below, I acknowledge that I have read and understand the RHS Supplemental Insurance Coverage Option.

Parent/Guardian_____Date_____