

HERITAGE HIGH SCHOOL

Athletic Check Sheet

Phone: 706-937-6464

Fax: 706-937-6477

Ronnie Bradford, Principal

Jason Scott, Athletic Director

I, the undersigned, do hereby give my permission for _____ to participate in (Activity) _____ during the 20____ school year.

I have read, understand, and comply with all forms attached. Please initial all that apply and return this page to your coach:

Athletic Rules – I have read and understand the following:

___ Catoosa County Athletic Rules and School Conduct

___ Heat Policy

___ Field Trip Waiver (I give my student, listed above, permission to travel with the team listed above.)

Medical

___ 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).

___ Medical Information Card (I have supplied all pertinent medical information of my child listed above).

Parent/Guardian

Date

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Ringgold, Georgia 30736

Ronnie Bradford, Principal
Jason Scott, Athletic Director

Medical Information Card Heritage Athletics

Name _____ DOB _____ Age _____
Address _____
Home Phone _____ Year you will graduate _____
Abbreviated medical history (previous injuries, medical problems, etc) _____

List any allergies you have: _____

List any medications currently taken: _____

Do you wear contact lenses or glasses _____

Name of Father (or guardian) _____

Home phone # _____

Work phone # _____

Name of Mother (or guardian) _____

Home phone # _____

Work phone # _____

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

1. Name _____ Phone _____

Relationship _____

2. Name _____ Phone _____

Relationship _____

Primary Care Physician

Name _____

Phone _____

Insurance Provider _____

Policy Number _____

Group Number _____

ID Number _____

In case of an emergency or accident on the school grounds or during any school activity involving my child, _____, which in the opinion of the school authorities present requires immediate medical 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 treat said condition unless I am present and request otherwise or until I later request otherwise.

Parent/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 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:

1st Violation: Minimum suspension of 20% of the regular season games. 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.

2nd Violation: Dismissal from the athletic program for a calendar year.

3rd 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.

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

SCHOOL CONDUCT

Player assigned to In-School Suspension: (Definition: ISS begins the first day served. On the last day of ISS the suspension ends at 3:30 p.m.)

1st Assignment: Minimum 1 game suspension.

2nd Assignment: Minimum 3 games suspension.

3rd Assignment: Dismissal from the athletic program the remainder of the school year.

Player assigned to Out-of-School Suspension:

1st Assignment: Minimum Suspension of 20% of the regular season games.

2nd Assignment: Dismissal from the athletic program for a calendar year.

*Students are allowed to practice while in ISS but can not attend or participate in a game.

*Suspensions for games due to ISS/OSS are applicable only during the season.

TEAM CONDUCT

Unsportsmanlike behavior:

1st Offense: Extra running

2nd 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.

3rd 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.

Signed: _____ Date: _____

Student

I, the parent or guardian of _____ have read and understand the above rules. The signing of this document does not necessarily mean that I agree with all the rules contained within, but that I have read them and understand that my child will be required to follow them.

Signed: _____ Date: _____

Parent or guardian



Heritage High School
Heritage Athletics

3960 Poplar Spring Road
Ringgold, GA 30736

Phone: 706 937 6464

Fax: 706 937 6483

Parents or Guardians

This year, 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 personal 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 intentions 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.

Thanks you,

Jason Scott, Athletic Director

Thomas Gray, Assistant Athletic Director

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Ringgold, Georgia 30736

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Jason Scott, 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 does grant him/her 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.

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Ronnie Bradford, Principal
Ernie Ellis, Athletic Director

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

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

The undersigned hereby authorizes Heritage High School as our agent to give consent to surgical or medical treatment by any licensed physician or hospital in the state of Georgia for our child if/when such treatment is deemed necessary by such physicians and we cannot be reached within 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, examination, transfusions, injections or drugs, and the performing of whatever operation 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.

Please initial front page to give permission for the above.

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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 school athletic director in writing. Your initials on the front page of this packet act as the authorization to so release this medical information.

Please initial front page to accept.

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HERITAGE HIGH SCHOOL SUPPLEMENTAL ATHLETIC INSURANCE EXPLANATION

HHS offers a 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 cause by a pre-existing condition.

You can acquire an insurance form from the coach 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 finiacial burden for the lack thereof.