



Ringwood Public Schools Athletic Information Packet 2024-2025

You will find included in this packet the forms and information which are important to the student-athlete, parents/guardians, and school personnel. It is our intent to make this process as easy as possible for everyone, and still obtain and disperse as much information as necessary. If you have any questions or concerns about this packet, please feel free to contact the High School Office.

Table of Contents

- 1.) OSSAA Physical Form**
- 2.) Concussion and Head Injury Acknowledgement**
- 3.) Sudden Cardiac Arrest Symptoms and Warning Signs
Acknowledgement**
- 4.) Biological Sex at Birth Affidavit**
- 5.) Emergency Medical Information/Emergency Medical Release**
- 6.) Consent to Participate**
- 7.) Student-Athlete Code of Conduct**
- 8.) Parent Code of Conduct**
- 9.) Athletic Schedules**



PRE-PARTICIPATION PHYSICAL EVALUATION FORM AND PARENTAL CONSENT

No student shall be eligible to represent his/her school in athletics or marching band until there is on file with the school a physical examination and parental consent certificate.

All physicals for OSSAA participation must be given no earlier than May 1 of the preceding year in which the students are to participate and before the first day of practice in that student's particular activity. The physical will be valid from the date of the physical given until the next required physical. Parent(s) or guardian(s) must sign the parental consent form each year before the student participates in any organized athletic practice session including contest participation.

The pre-participation evaluation form is designed to identify risk factors prior to participation by way of a thorough medical history and physical examination. A qualified physician, physician's assistant, or an advanced practice nurse covered by professional liability insurance shall give the physical examinations.

1. The most current version of the OSSAA PPE form should be used; any other form used must contain a minimum of the information requested on the OSSAA PPE form.
2. The PPE Form must be signed and completed in its entirety. No pre-signed or pre-stamped forms will be accepted.
3. SIGNATURES
 - ☐ The person administering the PPE's signature must be hand-written and dated. No signature stamps will be accepted.
 - ☐ The parent/guardian signatures must be hand-written and dated.
 - ☐ The student-athlete signature must be hand-written and dated.
4. DISTRIBUTION
 - ☐ History Form retained by Physician/Healthcare Provider
 - ☐ Examination Form and Consent and Release Form signed and returned to member school.
 - ☐ PPE's should be held to HIPPA standards; however school medical personnel and coaches should be aware of any rescue medications or conditions relevant to the student.

OKLAHOMA SECONDARY SCHOOL ACTIVITIES ASSOCIATION



PREPARTICIPATION PHYSICAL HISTORY FORM

Students should complete and sign this form (with your parents if younger than 18) before your appointment. *History Form is retained by member school and health care provider.*

Name: _____ Date of birth: _____

Date of examination: _____ Grade: _____

Sex at birth (Female or Male): _____

List past and current medical conditions. _____

Have you ever had surgery? If yes, list all past surgical procedures. _____

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional). _____

Do you have any allergies? If yes, please list all your allergies (ie. Medicines, pollens, food, stinging insects). _____

Are your required vaccinations current? _____

- | | (CIRCLE ONE) | |
|---|--------------|----|
| | YES | NO |
| 1. Do you feel stressed out or under a lot of pressure? | | |
| 2. Do you ever feel sad, hopeless, depressed, or anxious? | | |
| 3. Do you feel safe at your home or residence? | | |
| 4. Have you ever tried cigarettes, chewing tobacco, snuff, or dip? | | |
| 5. During the last 30 days, did you use chewing tobacco, snuff, or dip? | | |
| 6. Have you ever taken anabolic steroids or use any other appearance/performance supplement? | | |
| 7. Have you ever taken any supplements to help you gain or lose weight or improve your performance? | | |

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)		HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)	
Yes	No	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?		9. Do you get light-headed or feel shorter of breath than your friends during exercise?	
2. Has a provider ever denied or restricted your participation in sports for any reason?		10. Have you ever had a seizure?	
3. Do you have any ongoing medical issues or recent illness?		HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	
HEART HEALTH QUESTIONS ABOUT YOU		11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?	
4. Have you ever passed out or nearly passed out during or after exercise?		12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic poly-morphic ventricular tachycardia (CPVT)?	
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?	
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?			
7. Has a doctor ever told you that you have any heart problems?			
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.			

OKLAHOMA SECONDARY SCHOOL ACTIVITIES ASSOCIATION

BONE AND JOINT QUESTIONS	Yes	No
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?		
MEDICAL QUESTIONS	Yes	No
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)?		
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
21. Have you ever had numbness, tingling, weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
22. Have you ever become ill while exercising in the heat?		
23. Do you or does someone in your family have sickle cell trait or disease?		
24. Have you ever or do you have any problems with your eyes or vision?		

MEDICAL QUESTIONS (CONTINUED)	Yes	No
25. Do you worry about your weight?		
26. Are you trying to or has anyone recommended that you gain or lose weight?		
27. Are you on a special diet or do you avoid certain types of food and food groups?		
28. Have you ever had an eating disorder?		
FEMALES ONLY	Yes	No
29. Have you ever had a menstrual period?		
30. How old were you when you had your first menstrual period?		
31. When was your most recent menstrual period?		
32. How many periods have you had in the past 12 months?		

Explain "Yes" answers here.

I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

Signature of athlete: _____

Signature of parent or guardian: _____

Date: _____

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OKLAHOMA SECONDARY SCHOOL ACTIVITIES ASSOCIATION

PHYSICAL EXAMINATION

(Physical examination must be performed on or after May 1 for the following school year.)

Name _____ Date of Birth _____ Grade _____ School Name: _____

Height	Weight	Sex at Birth: Male	Female
BP / (/)	Pulse	Vision R 20/ L 20/	Corrected? Y N
Appearance			
Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span height, hyperlaxity, myopia, MVP, aortic insufficiency)			
Eyes/ears/nose/throat			
Pupils equal			
Hearing			
Lymph nodes			
Heart			
Murmurs (auscultation standing, supine, +/- Valsalva)			
Location of point of maximal impulse (PMI)			
Pulses			
Simultaneous femoral and radial pulses			
Lungs			
Abdomen			
Skin			
HSV, lesions suggestive of MRSA, tinea corporis			
Neurologic			
Neck		Knee	
Back		Leg/ankle	
Shoulder/arm		Foot/toes	
Elbow/forearm		Functional	
Wrist/hand/fingers		Duck-walk, single leg hop	
Hip/thigh			

☐ Cleared for all sports without restriction ☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

☐ Not cleared ☐ Pending further evaluation ☐ For any activities

Reason: _____

Recommendations: _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the activities outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of Health Care Professional (print/type) _____ Date _____

Address _____ Phone _____ License # _____

Signature of Health Care Professional _____

OKLAHOMA SECONDARY SCHOOL ACTIVITIES ASSOCIATION



UPDATED APRIL 2024

PARENT/GUARDIAN CONSENT FORM

(To be retained by member school with history and parent consent forms)

STUDENT NAME: _____

DATE OF BIRTH: _____

SCHOOL: _____

The above information is correct to the best of my knowledge. I hereby give my informed consent for the above-mentioned student to participate in activities. I understand the risk of injury with participation. If my son/daughter becomes ill or is injured, necessary medical care can be instituted by physicians, coaches, athletic trainers or other personnel properly trained. I further acknowledge and consent that, as a condition for participating in activities, identifying information about the above-mentioned student may be disclosed to OSSAA in connection with any investigation or inquiry concerning the student's eligibility to participate in/or any possible violation of OSSAA rules. OSSAA will undertake reasonable measure to maintain the confidentiality of such identifying information, provided that such information has not otherwise been publicly disclosed in some manner.

SIGNATURE OF PARENT/ GUARDIAN _____ DATE _____

SIGNATURE OF STUDENT _____ DATE _____



Ringwood Public Schools

CONCUSSION AND HEAD INJURY ACKNOWLEDGEMENT AND INFORMATION SHEET

In compliance with Oklahoma Statute Section 24-155 of Title 70, this acknowledgement form is to confirm that you have read and understand the Concussion Fact Sheet provided to you by Ringwood School District related to potential concussions and head injuries occurring during participation in athletics.

I, _____, as a student-athlete who participates in Ringwood School District's athletic programs and I, _____, as the parent/legal guardian, have read the information material provided to us by Ringwood School District related to concussion and head injuries occurring during participation in athletic programs and understand the content and warnings.

SIGNATURE OF STUDENT-ATHLETE

DATE

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

This form should be completed annually prior to the athlete's first practice and/or competition and be kept on file for one year beyond the date of signature in the principal's office or the office designated by the principal.

CONCUSSION/HEAD INJURY INFORMATION SHEET

STUDENT-ATHLETES

WHAT IS A CONCUSSION?

- A concussion is a brain injury
- Is caused by a bump or blow to the head
- Can change the way your brain normally works
- Can occur during practice or games in any sport
- Can happen even if you have not been knocked out
- Can be serious even if you have just been “dinged”

WHAT ARE THE SYMPTOMS OF A CONCUSSION?

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy or groggy
- Concentration or memory problems
- Confusion
- Does not “feel right”

WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION?

- Tell your coaches or parents. Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach if one of your teammates may have a concussion.
- Get a medical checkup. A doctor or health care professional can tell you if you have a concussion and when you are OK to return to play.
- Give yourself time to get better. If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a second concussion. Additional concussions can cause damage to your brain. It is important to rest until you get approval from a doctor or health care professional to return to play.

HOW CAN I PREVENT A CONCUSSION?

- Follow your coach’s rules for safety and the rules of the sport.
- Practice good sportsmanship.
- Use the proper equipment, including personal protective equipment (such as helmets, padding, shin guards and eye and mouth guards—IN ORDER FOR EQUIPMENT TO PROTECT YOU, it must be the right equipment for the game, position and activity; it must be worn correctly and used every time you play.)

FOR MORE INFORMATION VISIT:

- www.cdc.gov/TraumaticBraininjury/
- www.oata.net
- www.ossaa.com
- www.nfhslearn.com

IT’S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON!

CONCUSSION/HEAD INJURY FACT SHEET

PARENTS/GUARDIANS

WHAT IS A CONCUSSION?

A concussion is a brain injury. Concussions are caused by a bump or blow to the head. Even a “ding”, “getting your bell rung” or what seems to be a mild bump or blow to the head can be serious. You cannot see a concussion. Signs and symptoms of a concussion can show up right after the injury or may not appear to be noticed until days or weeks after the injury. If your child reports any symptoms of a concussion or if you notice any symptoms yourself, seek medical attention right away.

WHAT ARE THE SYMPTOMS REPORTED BY ATHLETES?

Headache or “pressure” in head
Nausea or vomiting
Balance problems or dizziness
Sensitivity to light
Sensitivity to noise
Feeling sluggish, hazy, foggy or groggy
Concentration or memory problems
Confusion
Does not “feel right”

WHAT ARE THE SIGNS OBSERVED BY PARENTS/GUARDIANS?

Appears dazed or stunned
Is confused about assignment or position
Forgets an instruction
Is unsure of game, score or opponent
Moves clumsily
Answers questions slowly
Loses consciousness (even briefly)
Shows behavior or personality changes
Cannot recall events prior to hit or fall
Cannot recall events after hit or fall

HOW CAN I HELP MY CHILD PREVENT A CONCUSSION?

Ensure they follow their coach’s rules for safety and the rules of the sport.
Make sure they use the proper equipment, including personal protective equipment (Such as helmets, padding, shin guards and eye and mouth guards—IN ORDER FOR EQUIPMENT TO PROTECT YOU, it must be the right equipment for the game, position and activity; it must be worn correctly and used every time you play.)
Learn the signs and symptoms of a concussion.

FOR MORE INFORMATION VISIT:

www.cdc.gov/TraumaticBraininjury/
www.oafa.net
www.ossaa.com
www.nfhslearn.com

IT’S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON!

Sudden Cardiac Arrest Information Sheet for Student Athletes and Parents/Guardians

What is Sudden Cardiac Arrest?

Sudden Cardiac Arrest (SCA) is the sudden onset of an abnormal and lethal heart rhythm, causing the heart to stop pumping adequately. When this happens, blood stops flowing to the brain and other vital organs, and, if left untreated, can quickly result in death.

How common is Sudden Cardiac Arrest?

While SCA in student athletes is rare, it is the leading medical cause of death in young athletes. The chance of SCA occurring to any individual student athlete is estimated to be about one in 80,000 to 100,000 per year.

What causes Sudden Cardiac Arrest in student athletes?

SCA is caused by several structural and electrical conditions of the heart. These conditions predispose an individual to have an abnormal heart rhythm. SCA is more likely during exercise or physical activity, placing student athletes with undiagnosed heart conditions at greater risk. Some of these conditions are listed below.

- **Inherited conditions present at birth of the heart muscle** (passed on from family): Hypertrophic Cardiomyopathy (HCM), Arrhythmogenic Right Ventricular Cardiomyopathy (ARVC), and Marfan Syndrome
- **Inherited conditions present at birth of the electrical system:** Long QT Syndrome (LQTS), Catecholaminergic Polymorphic Ventricular Tachycardia, and Brugada Syndrome (BrS)
- **Noninherited conditions** (not passed on from the family, but still present at birth): Coronary artery abnormalities, Aortic valve abnormalities, Non-compaction Cardiomyopathy, and Wolff-Parkinson-White Syndrome (occurs from an extra conducting fiber in the heart's electrical system)
- **Conditions not present at birth but acquired later in life:** Commotio Cordis (occurs from a direct blow to the chest), Myocarditis (infection or inflammation of the heart), and Recreational/Performance Drug Use
- **Idiopathic:** Sometimes the underlying cause of Sudden Cardiac Arrest is unknown, even after autopsy.

What are the warning signs that Sudden Cardiac Arrest may occur?

- **Fainting, passing out, or seizure** - especially during or right after exercise
- **Chest pain or discomfort** - especially with exercise
- **Excessive Shortness of breath** - with exercise
- **Racing heart or irregular heartbeat** - with no apparent reason
- **Dizziness or lightheadedness** - especially with exercise
- **Unusual Fatigue/Weakness** - with exercise
- **Fainting** - from emotional excitement, emotional distress, or being startled
- **Family history of sudden cardiac arrest prior to the age of 50**

While a heart condition may have no warning signs, in more than a third of sudden cardiac deaths, there were warning signs that were not reported to an adult or taken seriously. If any of the above warning signs are present, a cardiac evaluation by a qualified health care provider such as a physician, physician assistant, or advanced practice nurse is recommended. If the health care provider has concerns, a referral to a pediatric cardiologist is recommended.

What are the risks of practicing or playing after experiencing SCA warning signs?

Ignoring such signs and continuing to play could be catastrophic and result in sudden cardiac death. Taking these warning symptoms seriously and seeking timely appropriate medical care can prevent serious and possibly fatal consequences.

When is a student athlete required to be removed from play?

Any student who collapses or faints while participating in an athletic activity is required by law to be removed by the coach from participation at that time.

What is required for a student athlete to return to play?

Any student who is removed or prevented from participating in an athletic activity is not allowed to return to participation until evaluated and cleared for return to participation in writing by a qualified health care provider such as a physician, physician assistant, or advanced practice nurse is recommended. If the health care provider has concerns, a referral to a pediatric cardiologist is recommended.

What are the current recommendations for screening student athletes?

A complete annual sports preparticipation examination based on recommendations from the American Heart Association (AHA), American Academy of Pediatrics (AAP) and American College of Cardiology (ACC) is the cornerstone of screening for preventable causes of SCA. Each year student athletes in Oklahoma are required to have a Sports Preparticipation Physical Examination based on these recommendations completed by a health care provider such as a physician, physician's assistant, or advanced nurse practitioner and filed with the student athlete's school prior to beginning practice. The Sports Preparticipation Examination includes a personal and family health history to screen for risk factors or warning signs of SCA and measurement of blood pressure and a careful listening to the heart, especially for murmurs and rhythm abnormalities.

Noninvasive testing such as an electrocardiogram (ECG) or echocardiogram (ECHO) may be utilized by your health care provider if the sports preparticipation examination reveals an indication for these tests. Screening using an ECG and/or and ECHO is available to student athletes as an option from their personal health care provider, but is not mandatory, and is generally not routinely recommended by either the AHA, AAP or ACC.

What is the treatment for Sudden Cardiac Arrest?

- **RECOGNIZE Sudden Cardiac Arrest**
 - Collapsed and unresponsive
 - Abnormal breathing
 - Seizure-like activity
- **CALL 9-1-1**
 - Call for help and for an AED
- **CPR**
 - Begin chest compressions
 - Push hard/fast (100/min)
- **AED**
 - Use an AED as soon as possible
- **CONTINUE CARE**
 - Continue CPR and AED until EMS arrives

All schools and teams should be prepared to respond to a cardiac emergency. Young athletes who suffer SCA are collapsed and unresponsive and may appear to have brief seizure-like activity or abnormal breathing (gasping). Time is critical and an immediate response is vital. An AED should be placed in a location that is readily accessible. AEDs are safe, portable devices that read and analyze the heart rhythm and provide an electric shock (if necessary) to restart a normal heart rhythm.

***Remember, to save a life: recognize SCA, call 9-1-1,
begin CPR, and use an AED as soon as possible!***



Sudden Cardiac Arrest Acknowledgement Statement

(NAME OF SCHOOL)

I have received and read the Sudden Cardiac Arrest Information Sheet for Student Athletes and Parents/Guardians. I understand the warning signs and seriousness of sudden cardiac arrest (SCA) related to participation in athletic programs and the need for immediate evaluation for any suspected condition.

Signature of Student-Athlete

Print Student Athlete's Name

Date

Signature of Parent/Guardian

Print Parent/Guardian's Name

Date

This form is required to be completed annually prior to the student athlete's first practice and/or competition and be kept on file for one year beyond the date of signature in the principal's office or the office designated by the principal.

**BIOLOGICAL SEX AT BIRTH AFFIDAVIT
FOR STUDENTS UNDER THE AGE OF 18**

In accordance with 70 Okla. Stat. §27-106, prior to the beginning of each school year the parent or legal guardian of a student under the age of 18 competing on a school athletic team is required to sign an affidavit acknowledging the biological sex of the student at birth. By signing this affidavit the parent or legal guardian is affirming the biological sex of the child at birth in compliance with State Statute. If the student is 18 years of age or older, the student who competes on a school athletic team shall sign an affidavit acknowledging his or her biological sex at birth.

STATE OF OKLAHOMA §
 §
COUNTY OF _____ §

I, _____, the undersigned person, being first duly sworn, on oath, state that I am the parent or legal guardian of _____, who is enrolled as a student at _____ School, and who intends to compete on a school athletic team during the upcoming school year. I acknowledge that _____ was the biological sex of the student at birth.

I state under penalty of perjury under the laws of Oklahoma that the foregoing is true and correct.

Date and Place

Signature

**BIOLOGICAL SEX AT BIRTH AFFIDAVIT
FOR STUDENTS 18 AND OLDER**

In accordance with 70 Okla. Stat. §27-106, prior to the beginning of each school year the parent or legal guardian of a student under the age of 18 competing on a school athletic team is required to sign an affidavit acknowledging the biological sex of the student at birth. By signing this affidavit the parent or legal guardian is affirming the biological sex of the child at birth in compliance with State Statute. If the student is 18 years of age or older, the student who competes on a school athletic team shall sign an affidavit acknowledging his or her biological sex at birth.

STATE OF OKLAHOMA §
 §
COUNTY OF _____ §

I, _____, the undersigned person, being first duly sworn, on oath, state that I am of legal age.

I am enrolled as a student at _____ School, and I intend to compete on a school athletic team during the upcoming school year.

I acknowledge that _____ was my biological sex at birth.

I state under penalty of perjury under the laws of Oklahoma that the foregoing is true and correct.

Date and Place

Signature

**Ringwood Public Schools
Emergency Information Form**

Student Name _____ Date of Birth _____

Home Address, City State, Zip _____

Student's Social Security Number _____

Mother/Legal Guardian's Name _____ Phone Number _____

Email Address _____

Place of Employment _____ Work Phone Number _____

Father/Legal Guardian's Name _____ Phone Number _____

Email Address _____

Place of Employment _____ Work Phone Number _____

INSURANCE INFORMATION

Insurance Company & Phone Number _____

Policy Holder _____ Plan Number/ID Number _____

List the name and phone numbers of at least two (2) relatives or emergency contacts that will assume temporary care of your child if you cannot be reached:

Name	Relationship	Phone Number
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Name	Relationship	Phone Number
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RELEASE OF INFORMATION

Student Name _____ Date of Birth _____

Should my son/daughter sustain an athletic injury or become ill during the course of normal athletic participation, I hereby consent for physicians, certified athletic trainers, coaches and other properly trained medical personnel to provide any consultation, assessment, and basic treatment including first aid which may be deemed medically necessary and advisable. Furthermore, I authorize the release of medical and health information related to said injuries to Ringwood Public Schools and their coaches and administrators for the purpose of treatment and determination of fitness to participate.

Release of information form is valid for one calendar year.

Name of Parent/Legal Guardian (Print) _____ Date _____

Signature of Parent/Legal Guardian _____ Date _____

Emergency Medical Authorization

Student Name _____ Date of Birth _____

Home Address, City State, Zip _____

Purpose: To enable parent/legal guardian to authorize emergency treatment for children who become ill or injured while under Ringwood Public School's authority, when parents cannot be reached. **Part I or Part II MUST be completed. Part III MUST be completed.**

Part I (To Grant Request)

In the event reasonable attempts to contact me at _____ (phone number) or _____ (other parent phone) have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by Dr. _____ (preferred physician) or Dr. _____ (preferred dentist), or in the event the designated preferred practitioner is not available, by any other licensed physician or dentist; and (2) the transfer of the child to _____ (preferred hospital) or any hospital reasonable accessible. This authorization does not cover major surgery unless medical opinions of two other licensed physicians or dentist, concurring in the necessity for such surgery, are obtained before surgery is performed. Facts concerning the child's medical history include allergies, medications being taken, and any physical impairments to which a physician be alerted.

Signature of Parent/Legal Guardian _____

Date _____

Address _____

Do not complete Part II if you completed Part I

Part II (Refusal to Consent)

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take no action or to:

Signature of Parent/Legal Guardian _____

Date _____

Address _____

Part III (Release of Information) HIPPA Form

Should my son/daughter sustain an athletic injury or become ill during the course of normal activities, I hereby consent for physicians and other properly trained medical personnel to provide any consultation assessment, and basic treatment including first aid which may be deemed medically necessary and advisable. Furthermore, I authorize the release of medical and health information related to said injuries to the team physicals, athletic trainers and administrators from the school for the purpose of treatment and determination of fitness to participate. Release of information is valid for one calendar year.

Name of Parent/Legal Guardian (Print) _____

Date _____

Signature of Parent/Legal Guardian _____

Date _____



Ringwood Public Schools Consent to Participate

WARNING: By their nature, participation in interscholastic athletics and some other extra-curricular activities includes a risk of injury, which may range in severity from minor to long term catastrophic including permanent paralysis from the neck down or death. Although serious injuries are not common in supervised school athletic programs, it is possible to only minimize, NOT eliminate these risks.

Participants can help and have the responsibility to help reduce this chance of injury.

PLAYERS MUST: obtain an updated physical, obey all safety rules, report all physical problems and ailments to their coaches, follow a proper conditioning program, inspect their equipment daily, report problems with equipment to their coach.

By signing this form, we acknowledge that we have read and understand this warning.

Parents/Legal Guardians or Students who do not wish to accept the risks describe in this warning should not sign this permission form.

I have read and understand the CONSENT TO PARTICIPATE information and I hereby give my permission for:

Athlete's Name

To compete for the Ringwood Public Schools in the following activities including but not limited to OSSAA approved sports:

(Parent/Guardian please initial the appropriate blanks)

_____ Cross-Country

_____ Football

_____ Cheer

_____ Softball

_____ Basketball

_____ Weightlifting

_____ Baseball

_____ Track & Field

Name of Parent/Legal Guardian (Print)

Date

Signature of Parent/Legal Guardian

Date

Athlete

Date



Ringwood Public Schools Student-Athlete Code of Conduct

Ringwood Public Schools promotes good sportsmanship by student-athletes, coaches and spectators. Athletics at Ringwood Public Schools is considered an integral part of the educational program and is designed to influence students positively. Our athletic program supports student participation in multiple sports and promotes equal opportunities and experiences for all students male and female.

Any student representing Ringwood Public Schools in any inter-school contest must meet the minimum requirements of the OSSAA and any other requirements as prescribed by the Ringwood School Board. Participation in extra-curricular activities is a privilege, not a right, for every student. Student behavior should reflect positively on the image of Ringwood Public Schools.

As a Ringwood Public School athlete,

- 1) I will be a good sport to players, coaches, officials, opponents, and parents at every game and practice, no matter win or lose.
- 2) I will learn the value of commitment by participating in as many practices and games as I can.
- 3) I will encourage my teammates and praise good efforts.
- 4) I will be honest, fair, and respectful to others at all times.
- 5) I will aim to learn all I can from sports.
- 6) I will arrive at practice on time and be ready to dedicate my attention to my coaches.
- 7) I will respect Ringwood Public Schools property, including equipment, uniforms, and facilities.
- 8) I will return all equipment and uniforms in the same manner they were received.
- 9) I will be committed to proper locker room behavior.

The following may be reasons for dismissal from school sponsored athletic teams. It is possible other reasons for dismissal could occur as determined by the principal, athletic director, and assigned head coach.

- A) Student becomes academically ineligible.
- B) Student is absent from practices or games without the proper authorized excuse.
- C) Student is disrespectful to sponsor.
- D) Student is found to be using tobacco, alcohol or other drugs.
- E) Student does not meet school attendance regulations.
- F) Student violates school policies.
- G) Student violates Oklahoma Secondary School Activities Association rules.
- H) Student conduct unbecoming of student athlete.
- I) "Acts of unkindness and mean-spirited behavior will not be tolerated. Acts such as hazing (acts which embarrass, intimidate, humiliate), harassment (unwanted abusive behavior of a verbal, written, or physical nature), or bullying (continued harassment by real or threatened infliction of physical, verbal, written or electronically transmitted emotional abuse or attacks on property of another) are a violation of the athletic department objectives. Incidents should be taken seriously and reported to a coach, teacher, or administrator immediately. Such behavior could result in removal from athletic participation."



Ringwood Public Schools Student-Athlete Code of Conduct

In the event that I fail to follow guidelines as listed and the Ringwood Activity Handbook, the policies of both Ringwood Public Schools and OSSAA will be enforced.

I have read and understand the Student-Athlete Code of Conduct and the Ringwood Activity Handbook provided. I acknowledge that I may be disciplined or removed from a team if I violate any of the provisions.

Signing this document affirms each individual's commitment to the ideals and guidelines presented herein.

Name of Athlete (Print) _____ Date _____

Signature of Athlete _____ Date _____

Signature of Parent/Legal Guardian _____ Date _____



Ringwood Public Schools Parent Code of Conduct

The goal of the Ringwood Athletic Department is that all students enrolled in athletics will develop in both athletics and society. We hope they have a positive experience through the opportunities provided by athletics.

Open communication is critical between coaches, players and parents. Ringwood coaches are hardworking and dedicated to their teams and players. They must make decisions that are based on what is best for the team as a whole. Some of their decisions are extremely difficult and may be based on factors unknown to players and parents. It is important that these decisions are respected by both athlete and parents.

If there is an issue or problem, players are encouraged to meet with the coach to address the situation. This is the most productive means for working out the issue or problem. It is also a valuable method of teaching young people responsibility. If a parent still feels like there is a need to meet with a coach, they should contact the school office to set up an appointment with the coach.

As a parent of a Ringwood athlete:

1. I will encourage but not force my son/daughter to participate in athletics.
2. If they choose to participate, I will be supportive and understanding of both my child and his/her coach.
3. I will refrain from coaching my son/daughter or other players during practices and games.
4. I will refrain from speaking negatively about any coach in front of my son/daughter.
5. Coaches should not be approached by parents after games when emotions often run high. If there is an issue, I will contact the school office to set up an appointment.
6. I have received a copy of the Ringwood Spectator Code of Conduct and will follow the principals listed.
7. In the event that I or my family/guest(s) fail to follow the guidelines as listed, the policies of both Ringwood Public Schools & OSSAA will be enforced.

Name of Parent/Legal Guardian (Print)

Date

Signature of Parent/Legal Guardian

Date

SPECTATOR CODE OF CONDUCT ATHLETICS PROGRAM

The following code of conduct for spectators should serve as a model for sports fans at all school-sponsored athletic events:

BELIEVING THAT sportsmanship is a by-product of a spirit of tolerance and good will and the centering of attention on the good qualities involved, and

BELIEVING THAT my conduct is an important part of the school's athletic program.

I PLEDGE to act in accordance with these principals.

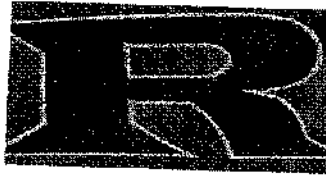
As an athletic spectator, I will:

1. Exemplify the highest moral character, behavior, and leadership so as to be a worthy example.
2. Maintain and exhibit poise, self-discipline during and after the contest.
3. Conduct myself in such a manner that attention is drawn not to me, but to the participants playing the game.
4. Regulate my actions at all times so that I will be a credit to the team I support, knowing the school gets the praise or blame for my conduct since I represent that school the same as does the athlete.
5. Support all reasonable moves to improve good sportsmanship.
6. Treat a visiting team and spectators as guests, being courteous and fair.
7. Avoid actions that will offend the individual athlete.
8. Accept the judgement of the coach.
9. Honor the rights of visitors in a manner in which I would expect to be treated.
10. Respect the property of the school.
11. Display good sportsmanship by being modest in victory and gracious in defeat.
12. Pay respect to both teams as they enter for competition.
13. Appreciate the good plays by both teams.
14. Show sympathy for an injured player.
15. Regard the officials as guests and treat them as such.
16. Direct my energies to encouraging my team rather than booing the officials.
17. Believe that the officials are fair and accept their decisions as final.
18. Learn the rules of the game in order to be a more intelligent fan.
19. Consider it a privilege and duty to encourage everyone to live up to the spirit of the rules of fair play and sportsmanship.
20. Realize that privileges are invariably associated with great responsibilities and that spectators have great responsibilities.
21. Realize that obscene cheer, littering, throwing of objects, and verbal indignities directed toward athletes, spectators, or officials have no place in school athletics.



Ringwood Lady Devils Fast Pitch Schedule 2024

<i>Date :</i>	<i>JH/HS:</i>	<i>Opponent:</i>	<i>Home/Away:</i>	<i>Time:</i>
AUGUST				
12	HS	Drummond(Conf Bash)	Enid	6:00 pm
13	JH/HS	Okeene	Okeene	4:30 pm
16-17	HS	Cherokee Strip Tourney	Enid	TBD
19	JH/HS	Cherokee	Cherokee	4:30 pm
20	JH/HS	OBA	OBA	4:30 pm
24	HS	Fairview Festival	Fairview	TBD
24	JH	Waukomis Festival	Waukomis	TBD
26	JH/HS	Waynoka	Home	4:30 pm
27	HS	Chisholm/PCH	Home	4:30 pm
29-31	JH	Kremlin Tourney	Kremlin	TBD
SEPTEMBER				
3	HS	Fairview	Fairview	4:30 pm
5-7	HS	Timberlake Tourney	Helena/Jet	TBD
9	JH/HS	Kremlin-Hillsdale	Home	4:30 pm
10	JH/HS	Medford	Medford	4:30 pm
12	JH/HS	Waukomis	Waukomis	4:30 pm
13	HS	Dover Festival	Dover	TBD
16	HS	Pioneer/Thomas	Home	4:00 pm
17	JH/HS	Timberlake	Home	4:30 pm
19	JH/HS	Geary	Geary	4:30 pm
19-20	JH	Conference Tourney	Helena	TBD
23	HS	Covington-Douglas	Home	4:00 pm
26	HS	Districts	TBD	TBD
OCT				
3	HS	Regionals	TBD	TBD
10	HS	State	Hall of Fame	TBD



2024 HS Football Schedule

August	23	Buffalo(Scrimmage)	Home	Friday	6PM
August	29	(Scrimmage)	TBA	Thursday	TBA
September	6	Timberlake	Home	Friday	7PM
		Alumni Night			
September	13	Covington	Away	Friday	7PM
September	20	Yale	Away	Friday	7PM
September	27	PCH	Away	Friday	7PM
October	4	Cherokee	Home	Friday	7PM
		First Responders Night			
October	11	Shattuck	Away	Friday	7PM
October	17	Boise City	Home	Thursday	7PM
		Homecoming			
October	24	Seiling	Home	Thursday	7PM
		Pink Out Night			
November	1	Canton	Away	Friday	7PM
November	8	Okeene	Home	Friday	7PM
		Senior Night			

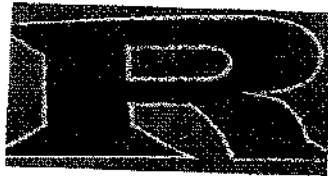
Head Coach: Eric Bradley

Assistants: Jeff Schmidt

Principal: Kyle Stewart

Athletic Director: Amanda Stinnett

Superintendent: Wade Detrick



2024 GS & JH Football Schedule

Tuesday	September 3rd	Kremlin	Home	5:30/6:30
Monday	September 9th	Waynoka	Home	5:30/6:30
Monday	September 16th	Garber	Home	5:30/6:30
Monday	September 23 rd	Covington	Home	5:30/6:30
Monday	September 30th	Cherokee	Home	5:30/6:30
Monday	October 7th	OBA	Away	5:30/6:30
Monday	October 14th	Timberlake	Away	5:30/6:30
Monday	October 21st	Canton	Away	5:30/6:30

Head Coach: Eric Bradley

Assistants: Jeff Schmidt

Principal: Kyle Stewart/Denise Bowers

Athletic Director: Amanda Stinnett

Superintendent: Wade Detrick