

Oregon High School Equestrian Teams, Inc.  
Athlete Registration Form for the Year of \_\_\_\_\_

Please print legibly. One form per athlete. All information below must be completed prior to enrollment.

**OHSET District:** \_\_\_\_\_ **Team:** \_\_\_\_\_

School Attending if different than the \_\_\_\_\_

**Home School:**  Yes  No

**Approved by Team HS**  Yes  No

**Athlete Information**

**Name:** \_\_\_\_\_ **Participating as:**  Competing  non-competing  
**Address:** \_\_\_\_\_ **HS Class:**  FR  SO  JR  SR  
**City & Zip:** \_\_\_\_\_ **Years in OHSET:**  New  2nd  3rd  4th  
**Home #:** \_\_\_\_\_ Payment Note Below:  
**Cell #:** \_\_\_\_\_ **Paid District Fee:**  Yes  No \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Check or MO #:** \_\_\_\_\_ **CASH**

**Athlete's Insurance Information**

**Insurance Co:** \_\_\_\_\_ **Id #** \_\_\_\_\_  
**Primary Insured:** \_\_\_\_\_ **Group ID** \_\_\_\_\_

**Athlete's Health Information & Medical Emergency Release Form**

**Family Doctor:** \_\_\_\_\_ **Phone #** \_\_\_\_\_  
**Emergency 1.** \_\_\_\_\_ **Phone #** \_\_\_\_\_  
**Contacts: 2.** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Please list all allergies, prescription medications or existing health condition(s) information which may needed in a medical emergency:**

**Oregon High School Equestrian Teams, Inc. Medical Emergency Release**

As the parent/guardian of \_\_\_\_\_, should my child need medical attention, I understand every effort will be made to contact me. I hereby grant permission to the medical personnel selected by an Oregon High School Equestrian Teams, Inc. (OHSET) advisor, coach or designee to order emergency medical treatment, x-rays, routine tests, release of any personal information and to provide/arrange transportation for the above named. In my absence, I hereby give permission to the emergency personnel or physician selected by the OHSET designee to provide emergency medical treatment, hospitalization, order injection(s), anesthesia and/or surgery. I understand I will be responsible for all financial obligations incurred, if not covered by the insurance provider listed above.

**I have read and reviewed the OHSET Medical Emergency Release Statement.**

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**Oregon High School Equestrian Teams, Inc.**  
Code of Conduct Endorsement for the Year: \_\_\_\_\_

I, \_\_\_\_\_ have received the Oregon High School Equestrian Teams, Inc. (OHSET) *Code of Conduct - Standards and Violation Procedures*.

As a participant associated with OHSET, I understand the goal is to endorse and promote the values and conduct expected. My signature below signifies I have read, completely understand and agree to adhere to the OHSET Code of Conduct Standards and will accept the consequences of non-compliance as outlined in the Violation Procedures.

**By my signature below, I agree that entry and participation in OHSET activities:**

- \* is made at my own risk, and that the officers, advisors, coaches or OHSET designees assume no responsibility for accidents or injuries.
- \* is subject to the standards, policies, rules and Bylaws of the high school and Oregon High School Equestrian Teams, Inc.
- \* and waive all claims against Oregon High School Equestrian Teams, Inc., it's officers, advisors, coaches, and/or designees.

<b>Athlete:</b> _____	<b>Date:</b> _____
<b>Parent/Guardian:</b> _____	<b>Date:</b> _____
<b>Registered Advisor or</b> _____	<b>Date:</b> _____
<b>Volunteer:</b> _____	<b>Date:</b> _____

**Change of Status Notification & Document Release**

**I am aware it is my responsibility to provide updated registration information to my equestrian team's advisor or coach, should changes occur during the current season. I agree to provide the necessary documentation requested to meet the criteria for participation in Oregon High School Equestrian Teams, Inc.**

**Signatures:**

<b><u>Parent/Guardian:</u></b> _____	<b><u>Date:</u></b> _____
<b><u>Athlete:</u></b> _____	<b><u>Date:</u></b> _____

**Registration Check List**

	Athlete/Parent	Advisor/Coach	District Registrar
Copy of Insurance Card - Attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Athlete Goals & Evaluation Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Athlete Signature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent/Guardian Signature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coach/Advisor Signature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
District Fee Paid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Athlete Included on Team Roster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>