

**Oregon High School Equestrian Teams, Inc.**  
 Un-attached Volunteer Registration Form for Year: \_\_\_\_\_

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

District: \_\_\_\_\_ Team: \_\_\_\_\_

**VOLUNTEER INFORMATION**

Name: \_\_\_\_\_ Years of volunteering for OHSET \_\_\_\_\_  
 Address: \_\_\_\_\_ Cell #: \_\_\_\_\_  
 Home #: \_\_\_\_\_ Email: \_\_\_\_\_

**Insurance Information (not required but could be helpful in an emergency)**

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

**Health Information & Medical Emergency Release From**

Family Doctor: \_\_\_\_\_ Phone # \_\_\_\_\_  
 Emergency Contacts: \_\_\_\_\_ Phone # \_\_\_\_\_  
 \_\_\_\_\_ Phone # \_\_\_\_\_

Please list all allergies, prescription medications or existing health condition(s) information which may be needed.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Should I need emergency medical attention for which I cannot provide permission, 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 me. I also 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 \_\_\_\_\_

Date \_\_\_\_\_

**Oregon High School Equestrian Teams, Inc.**  
 Code of Conduct Endorsement

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

As a volunteer associated with OHSET, I understand the goal is to endorse and promote the values and conduct expected.  
**My Signature below, I agree with my participation in OHSET activities:**

\* is made at my own risk, and that the OHSET officers, advisors, coaches or its designees assume no responsibility for accidents or injuries,

\* is subject to the standards, policies, rules and bylaws of the high school and OHSET,

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_