

**Oregon High School Equestrian Teams, Inc.
Athlete Registration Form for 2008 - 2009**

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: <input type="checkbox"/> Competing <input type="checkbox"/> non-competing
Address: _____	HS Class: <input type="checkbox"/> FR <input type="checkbox"/> SO <input type="checkbox"/> JR <input type="checkbox"/> SR
City & Zip: _____	Years in OHSET: <input type="checkbox"/> New <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th
Home #: _____	Payment Note Below:
Cell #: _____	Paid District Fee: <input type="checkbox"/> Yes <input type="checkbox"/> No _____
Email: _____	Check or MO #: _____ CASH <input type="checkbox"/>

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
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Oregon High School Equestrian Teams, Inc.
2008-2009 Code of Conduct Endorsement

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.

Athlete: _____	Date: _____
Parent/Guardian: _____	Date: _____
Registered Advisor or _____	Date: _____
Volunteer: _____	Date: _____

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:

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

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"/>