



**2010 - 2011  
ATHLETE REGISTRATION (PAGE 1 of 3)**

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

**ATHLETE INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Participating as:  Competing  Non-Competing

High School Class:  Freshman  Sophomore  Junior  Senior

Paid District Fee:

Years in WAHSET:  First  Second  Third  Fourth

Check/MO#: \_\_\_\_\_  Cash

**ATHLETE'S INSURANCE INFORMATION**

Insurance Company: \_\_\_\_\_ ID Number: \_\_\_\_\_

Primary Insured: \_\_\_\_\_ Group Number: \_\_\_\_\_

**ATHLETE'S HEALTH INFORMATION**

Family Doctor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please list all allergies, prescription medications or existing health conditions information which may be needed in a medical emergency: \_\_\_\_\_  
\_\_\_\_\_

**WAHSET MEDICAL EMERGENCY RELEASE STATEMENT**

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 a Washington High School Equestrian Teams, Inc. (WAHSET) 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 WAHSET designee to provide emergency medical treatment, hospitalization, order injections, 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 WAHSET Medical Emergency Release Statement.***

Printed Name: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_



**2010 - 2011  
ATHLETE REGISTRATION (PAGE 2 of 3)**

**WAHSET CODE OF CONDUCT ENDORSEMENT**

I, \_\_\_\_\_ have reviewed the WAHSET Code of Conduct Standards and Violation Procedures section of the current WAHSET Rule Book. As a participant associated with WAHSET, I understand the goal is to endorse and promote the values and conduct expected. My signature in the ENDORSEMENT section of this form signifies that I have read, completely understand and agree to adhere to the WAHSET Code of Conduct Standards and will accept the consequences of non-compliance as outlined in the Violation Procedures.

***By my signature in the ENDORSEMENT section of this form , I agree that entry and participation in WAHSET activities:***

- is made at my own risk, and that the officers, advisors, coaches or WAHSET designees assume no responsibility for accidents or injuries,***
- is subject to the standards, policies, rules and bylaws of the applicable high school and WAHSET,***
- and waive all claims against WAHSET, it's officers, advisors, coaches and/or designees.***

**CHANGE OF STATUS NOTIFICATION AND DOCUMENT RELEASE**

I am aware that it is my responsibility to provide updated registration information to my equestrian team's advisor or coach, should changes occur during the current season. By signing in the ENDORSEMENT section of this form, I agree to provide the necessary documentation requested to meet the criteria for participation in WAHSET.

**RISK MANAGEMENT ALERT**

Students participating in this team/club will be exploring and discussing participation in equestrian meets in which riders compete and are scored on their technical skill in riding and handling horses.

Because of the high-risk nature of riding competitions, WAHSET advises parents/guardians that while the High School Associated Student Body (**ASB**) has approved the club through it's governmental process, the purpose of the club is strictly educational in that students only learn about competing in equestrian events. The school district's liability is engaged only in the student club and ends at the close of the school day.

***YOUR CHOICE to ALLOW your child to participate in actual riding competitions is entirely your own and cannot be covered under the school district's insurance umbrella.***

Any questions/complaints/criticisms are to be handled through the chain-of-command procedures for your club. Contact your advisor or coach for these procedures. Failure to follow the chain-of-command may result in suspension of both the student and parent/guardian from WAHSET.

The code of conduct applies to all students, parents/guardians and family members, coaches and volunteers associated with the team. Failure to follow the WAHSET code of conduct may result in suspension of both the student and parent/guardian from WAHSET as outlined in the current WAHSET rule book.

Please indicate your receipt and acknowledgement of this distinction and that of your student participating in the equestrian club by signing in the ENDORSEMENT section of this form.



**2010 - 2011  
ATHLETE REGISTRATION (PAGE 3 of 3)**

**ENDORSEMENT**

By entering your signature below, you agree to abide by the polices and procedures outlined in the following sections of this form:

- WAHSET CODE OF CONDUCT ENDORSEMENT**
- CHANGE OF STATUS NOTIFICATION AND DOCUMENT RELEASE**
- RISK MANAGEMENT ALERT**

Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Registered  
Advisor/Coach Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**REGISTRATION CHECKLIST**

- |                                    |   |  |   |
|------------------------------------|---|--|---|
| Copy of Insurance Card (attached): | <input type="checkbox"/> Athlete/Parent | <input type="checkbox"/> Advisor/Coach | <input type="checkbox"/> District Registrar |
| Copy of Report Card:               | <input type="checkbox"/> Athlete/Parent | <input type="checkbox"/> Advisor/Coach | <input type="checkbox"/> District Registrar |
| Athlete Goals & Evaluation Form:   | <input type="checkbox"/> Athlete/Parent | <input type="checkbox"/> Advisor/Coach |   |
| Athlete Signature:                 | <input type="checkbox"/> Athlete/Parent | <input type="checkbox"/> Advisor/Coach | <input type="checkbox"/> District Registrar |
| Parent/Guardian Signature:         | <input type="checkbox"/> Athlete/Parent | <input type="checkbox"/> Advisor/Coach | <input type="checkbox"/> District Registrar |
| Coach/Advisor Signature:           |   | <input type="checkbox"/> Advisor/Coach | <input type="checkbox"/> District Registrar |
| Athlete Included on Team Roster:   |   | <input type="checkbox"/> Advisor/Coach | <input type="checkbox"/> District Registrar |
| Team/Club Fee \$ _____ :           | <input type="checkbox"/> Athlete/Parent | <input type="checkbox"/> Advisor/Coach | <input type="checkbox"/> District Registrar |
| Total Paid \$ _____ :              | <input type="checkbox"/> Athlete/Parent | <input type="checkbox"/> Advisor/Coach | <input type="checkbox"/> District Registrar |
| Outstanding<br>Balance \$ _____ :  | <input type="checkbox"/> Athlete/Parent | <input type="checkbox"/> Advisor/Coach | <input type="checkbox"/> District Registrar |