

**2009 - 2010 REGISTRATION PACKET**

**WASHINGTON HIGH SCHOOL  
EQUESTRIAN TEAMS**



**WAHSET**





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**REGISTRATION INFORMATION****Introduction**

**A.** This registration packet contains team and individual athlete registration information for the 2009-2010 competition season.

**B.** The documents and forms required for registering teams and individual athletes for the 2009-2010 competition season may be found at the end of this registration packet. The forms may be reproduced locally as necessary for team and athlete registration.

**Requirements**

**A.** To participate in WAHSET, an athlete must either be covered by a parent's or guardian's medical insurance policy or purchase medical coverage through their school.

**Each WAHSET athlete MUST be covered by a medical/accident insurance policy prior to participation!**

(1) The prospective athlete may either:

(a) Name the family's insurance company, including policy and identification numbers, or

(b) Purchase the medical/accident insurance coverage through the company endorsed by your school. All pertinent information and forms on school insurance may be obtained through your high school office.

**B.** All required forms and fees **must** be in the possession of the District Registrar **before** an athlete may participate in a team practice. If the required documentation is not on file, the athlete is **not** allowed to practice.

**C.** The following items are required for individual athlete registration:

(1) Completed Athlete Registration Form (three pages)

(2) Team/Club Individual Fees

(3) Copy of Current Report Card

(4) Copy of Insurance Card

(5) Completed Athlete Goals & Evaluation Form

**D.** The following equipment is also required before an athlete may participate in practices or competitions:

(1) Appropriate boots at all practices and competitions.

(2) Properly fitted regulation helmet when mounted at all practices and competitions.

(3) Appropriate team long sleeve polo shirt and appropriate pants at all competitions.

**E.** The following items are required for team registration:

(1) Completed Team Registration Form

(2) Completed Team Roster

(3) District Team Fees

(4) Completed Cooperative Sponsorship Application (if applicable)

**F.** Any questions may be referred to your Team Advisor or District Representative.



**REGISTRATION INFORMATION**

**Frequently Asked Questions**

**A. What is the WAHSET mission?**

- (1) WAHSET is dedicated to promoting and organizing equestrian competition in high school athletic or activity programs.
- (2) The main goal is to provide recognition in the high schools of the equestrian athlete and to give them an opportunity to achieve that recognition in a fair, positive and educational format. Additional goals are to encourage team play, peer acceptance, good horsemanship and to have cooperative adult supervised leadership for all students in grades 9 through 12.

**B. Who can participate?**

- (1) Any high school in the United States of America is eligible to form a team and join the High School Equestrian Teams organization. The state is divided into districts, which are made up of high schools. Each high school competes as a team. Athletes are affiliated with a high school team.

**C. When are the competitions?**

- (1) Competition is a winter/spring sport season and runs from September 1st through the following May. Each District plans three competitions in February, March and April. Athletes are required to compete in at least two of the three meets to be eligible for the State Championship competition in May.

**D. Why approve or support another sport?**

- (1) The Equestrian program, just like Basketball, Football or any other organized sport, is another way in which our future leaders can be nurtured and mentored by adults and other youth who care!
- (2) The primary reason that volunteers in other communities came together to see this program begin was in response to the needs of the young Equestrian athletes within our schools. For many equestrians, the dedication to their sport creates a disconnection from their school and peers because of their commitment to their horse and the many responsibilities that go along with it.
- (3) The athletic program, just like the others, provides the high school equestrian a niche in their high schools - a reason to stay in school, a peer group with similar interests and needs, a positive peer pressure that motivates and encourages them to use their gifts and abilities - and they excel. The High School Equestrian Team is another method of recognizing the high school student for the hard work and dedication.

**E. How can a prospective school afford to support another sport?**

- (1) **No funds are expected from the high school!** Once approved by the Administrators of each high school, the team may solicit funds from the appropriate booster club and/or raise funds (in accordance with the high school, school district and amateur rules and regulations) towards the costs associated with the team.

**REGISTRATION INFORMATION****F. What is the cost to the student?**

- (1) Each athlete is assessed an annual fee that covers participation in all events. This fee is paid to the District that the team competed in, with a portion forwarded to the State. All fees are used to cover the cost of arena rent, judges, awards and equipment. The fee is reassessed on an annual basis by the District. Fees for the 2009-2010 competition season are \$175 for competitors and \$50 for non-competitors.
- (2) In addition, each team is assessed an annual fee. This fee for the 2009-2010 competition season is \$50.
- (3) There are no fees paid to coaches or other professional horse trainers. Those riders who choose to work with a trainer may do so at their own expense.
- (4) Team uniforms are the responsibility of each team member, with many teams utilizing fund raising programs to pay for the team items.
- (5) No individual class fees are assessed.
- (6) Transportation to and from the events is the responsibility of each rider/athlete and all stall, horse and tack (equipment) expenses are theirs alone.

**G. What about the liability?**

- (1) Many strategies are enlisted by WAHSET, the coaches, advisors, and the athletes to diminish any liability. Under Washington State Equine Inherent Risk Laws, RCW 4.24.540 and 4.24.530, all athletes participate at their own risk, and accordingly, under the law, no person shall be liable for damages sustained by another solely as a result of risks inherent in equine activity.
- (2) This law identifies the limitations of risk for schools as an equine activity sponsor. All "equine activity sponsors" shall not be liable for any injuries to or death of a participant. This provides exceptional protection for each school district from lawsuits, as the law disallows lawsuits involving the inherent risk law from even being filed.
- (3) To ensure that each participant and guardian have knowledge of the inherent risk law, WAHSET required each athlete and legal guardian to sign a WAHSET Code of Conduct attestation that stipulates adherence to safe equestrian practices and awareness that they are participating and riding at their own risk. All high school rules and their respective Code of Conduct will be honored and adhered to as well. WAHSET requires the athlete to have medical insurance to participate, to provide coverage in the rare case there is a personal injury.
- (4) As additional protection, WAHSET maintains a commercial insurance liability policy that covers arenas, spectators, staff and other associated actions. **This policy, however, does not cover riders.**
- (5) Additionally, copies of medical and insurance information for each athlete is maintained and available at each event.
- (6) A primary strategy to reduce risk is our promotion of safety in our program. As in any sport, we have experienced horse people present to help identify the very rare unsafe situation. Most riders are horse owners and are familiar with the responsibilities that go along with partnering with a horse in competition. Coaches and Advisors are encouraged and expected to continually assess an athlete's skills and abilities. Additionally, WAHSET rules of participation guide our athletes and advisors in national and state-recognized standards of performance, such as wearing helmets and boots when riding, appropriate equipment, etc. that all focus on a safe and pleasurable competition.

**REGISTRATION INFORMATION****H. What is needed from the high school?**

- (1) Requirements are minimal - approval to participate as a school sport or activity.
- (2) Other niceties include:
  - (a) Informing the Advisor or Coach of school related requirements of athletes, such as grade point averages, code of conduct requirements and other school-specific eligibility requirements.
  - (b) Team meeting space - generally a classroom for planning meetings.
  - (c) Announcements of upcoming meetings, WAHSET competitions and equestrian champions.
  - (d) Recognition of the Equestrian Athlete. Many high schools award Varsity Letters when the athletes meet similar predetermined criteria, similar to other sports.
  - (e) Space to display awards and trophies earned by the Equestrian Team.

**I. What are the lettering requirements?**

- (1) The following is a guideline only. The final lettering requirements and/or standards should be in harmony with the other sports at the high school:
  - (a) The team Advisor/Coach will recommend the awarding of the letter to the team members, and will submit the recommendation to the appropriate Athletic Director. If required, upon the verification of school rules, policies and/or regulations, the Athletic Director will approve the award. When possible, the team should be included in the awards programs of the respective high school.
  - (b) A team member must meet either of the following criteria in addition to any other school rules or regulations:
    - (1) If a team member is awarded a first, second or third place District medal in an event, provided that they participated in two of the three District meets.
    - (2) The following will give each team member the opportunity to earn 100 points total for active involvement. In order to earn a letter, the team member must earn at least 80 of the 100 points. The team Advisor/Coach will score each team member according to their participation in:
      - (a) On-time completion of Athlete Goals & Evaluation forms
      - (b) Active participation in team meetings and participation on at least one team, District or State committee.
      - (c) Active participation in team fund-raising events.
      - (d) Active attendance at scheduled events whether participating in the competition or not, as this demonstrates team spirit and support.
      - (e) Athlete must read, sign and abide by the Code of Conduct set forth by WAHSET and the high school the athlete represents.

**REGISTRATION INFORMATION****J. How many other Washington high schools have Equestrian Teams and who are they?**

- (1) District 1 - Cascade, Cheney, Columbia, Curlew, Deer Park, Goldendale, Medical Lake, Reardan, Smokiam, Wenatchee and White Salmon.
- (2) District 2 - Bethel, Eatonville, Elma, Enumclaw, LaCenter, WF West and Yelm.
- (3) District 3 - Camas, Castle Rock, Hockinson, Mossyrock, North Thurston, Toledo, Tumwater and Washougal
- (4) District 4 - Adna, Ferndale, Firm Foundation, Montesano, Port Angeles, Rainier, Ridgefield, Rochester and Sequim.

**K. How is the team structure set up?**

- (1) Each team is provided direction from one Advisor who functions as an organizer, scheduler and mentor. This adult does not have to be a trainer or a coach. This leaves the training and instruction to those best suited and equipped, the coach.
- (2) The team Advisor reports to the District High School Equestrian Board. The Advisor may be a parent, or if desired, may be a member of the school faculty. All adult Advisors, Coaches and supervisors will adhere to Criminal History Background Checks or other prerequisites to fill the position, at the Board's discretion. All WAHSET Advisors and Coaches are volunteers - there are no paid positions.

**L. What are the steps to follow after Board approval?**

- (1) Set up a meeting date for the school team.
- (2) Canvas the school:
  - (a) Posters that outline the purpose of the Equestrian team:
    - (1) List the available events.
    - (2) Varsity sport or activity.
  - (b) Announcements made during school announcements.
  - (c) Written announcement in school newsletter to parents.
  - (d) Have students that are interested contact other students that ride and ask to attend the meeting.
  - (e) Contact local 4H groups.
- (3) Get a sense of participation.
- (4) Register interested participants:
  - (a) Copy of Insurance Card
  - (b) Copy of most recent Report Card
  - (c) Review Code of Conduct and Violation Procedures, get a signed copy
  - (d) Completed Athlete Goals and Evaluation form
  - (e) Collect participation fees - State, District and Team fees, as applicable



Date: 08/01/09

Revision: Original

**REGISTRATION INFORMATION**

(5) Register team - forms and fees must be turned in to District by December 1, 2009 (existing teams) or January 15, 2010 (new teams):

- (a) Complete Team Registration form
- (b) Complete Team Roster
- (c) Enclose State and District participation fees



**2009 - 2010  
TEAM REGISTRATION FORM**

WAHSET District: \_\_\_\_\_ Date Form Completed: \_\_\_\_\_

**HIGH SCHOOL INFORMATION**

High School Name: \_\_\_\_\_

High School Address: \_\_\_\_\_

High School Phone Number: \_\_\_\_\_

Activity Director Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

School's participation level (check one):    Sport    Club/Activity

*For new teams only, enter signature of High School Administrator approving team participation:*

Signature: \_\_\_\_\_

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

**TEAM ADVISOR(S) AND COACH(ES) INFORMATION**

Head Advisor's Name: \_\_\_\_\_

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

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

Work Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

Assistant Advisor's Name: \_\_\_\_\_

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

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

Work Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

Head Coach's Name: \_\_\_\_\_

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

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

Work Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

Other Name: \_\_\_\_\_ Position: \_\_\_\_\_

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

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

Work Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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



**2009 - 2010  
TEAM ROSTER**

WAHSET District: \_\_\_\_\_ Date Form Completed: \_\_\_\_\_

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

Name: \_\_\_\_\_ Athlete Number: \_\_\_\_\_

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

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

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

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

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

High School Class:  Freshman  Sophomore  Junior  Senior

Years in WAHSET:  First  Second  Third  Fourth Cleared by School:  Yes  No

Name: \_\_\_\_\_ Athlete Number: \_\_\_\_\_

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

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

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

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

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

High School Class:  Freshman  Sophomore  Junior  Senior

Years in WAHSET:  First  Second  Third  Fourth Cleared by School:  Yes  No

Name: \_\_\_\_\_ Athlete Number: \_\_\_\_\_

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

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

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

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

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

High School Class:  Freshman  Sophomore  Junior  Senior

Years in WAHSET:  First  Second  Third  Fourth Cleared by School:  Yes  No

Name: \_\_\_\_\_ Athlete Number: \_\_\_\_\_

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

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

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

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

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

High School Class:  Freshman  Sophomore  Junior  Senior

Years in WAHSET:  First  Second  Third  Fourth Cleared by School:  Yes  No



**2009 - 2010  
COOPERATIVE SPONSORSHIP APPLICATION (SINGLE)**

WAHSET District: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Sponsoring School Name: \_\_\_\_\_

Number of riders currently scheduled to participate on this team: \_\_\_\_\_

Number of riders anticipated to ride on this team (excluding cooperating school): \_\_\_\_\_

Cooperating School Name: \_\_\_\_\_

Reason for application (check all that apply):

Cooperating School only has \_\_\_\_\_ rider(s) interested in an equestrian team.

Cooperating School cannot obtain approval from the school for a team.

Cooperating School in unable to obtain parental support and/or an advisor.

Other reason - please explain: \_\_\_\_\_  
\_\_\_\_\_

Has the Cooperating School been canvassed to be sure all students interested in a school equestrian team have been contacted?  Yes  No

Have the Athletic Director and the Principal of the Cooperating School been advised of the student(s) desire to cooperatively participate with the team at the Sponsoring School?  Yes  No - If no, please explain:  
\_\_\_\_\_

Under cooperative sponsorship, the name of the team will be: \_\_\_\_\_

The Advisor for the team(s) will be: \_\_\_\_\_

**Sponsoring School Approval (Principal, Athletic Director or other authorized school official)**

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**Cooperating School Notification (Principal, Athletic Director or other authorized school official)**

Printed Name: \_\_\_\_\_ Notified by: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**WAHSET District Board of Directors Approval**

Date of Meeting: \_\_\_\_\_ Recommendation to WAHSET State Board:

Recommended - meets Cooperative Sponsorship criteria

Not Recommended - does not meet Cooperative Sponsorship criteria

Comments: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_

**WAHSET State Board of Directors Approval**

Date of Meeting: \_\_\_\_\_  Approved  Disapproved

Comments: \_\_\_\_\_

**WAHSET State Chairperson (or designee) Approval**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_



2009 - 20010

COOP SPONSORSHIP APPLICATION (MULTIPLE SCHOOLS)

WAHSET District: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Sponsoring School Name: \_\_\_\_\_

Number of riders currently scheduled to participate on this team: \_\_\_\_\_

Number of riders anticipated to ride on this team (excluding cooperating schools): \_\_\_\_\_

List all Cooperating School Names and enter school information on following pages:

Cooperating School #1 Name: \_\_\_\_\_

Cooperating School #2 Name: \_\_\_\_\_

Cooperating School #3 Name: \_\_\_\_\_

Cooperating School #4 Name: \_\_\_\_\_

Cooperating School #5 Name: \_\_\_\_\_

Cooperating School #6 Name: \_\_\_\_\_

Cooperating School #7 Name: \_\_\_\_\_

Cooperating School #8 Name: \_\_\_\_\_

Cooperating School #9 Name: \_\_\_\_\_

Cooperating School #10 Name: \_\_\_\_\_

Under cooperative sponsorship, the name of the team will be: \_\_\_\_\_

The Advisor for the team will be: \_\_\_\_\_

**Sponsoring School Approval (Principal, Athletic Director or other authorized school official)**

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**WAHSET District Board of Directors Approval**

Date of Meeting: \_\_\_\_\_ Recommendation to WAHSET State Board:

Recommended - meets Cooperative Sponsorship criteria

Not Recommended - does not meet Cooperative Sponsorship criteria

Comments: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_

**WAHSET State Board of Directors Approval**

Date of Meeting: \_\_\_\_\_  Approved  Disapproved

Comments: \_\_\_\_\_

**WAHSET State Chairperson (or designee) Approval**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_



2009 - 2010

COOP SPONSORSHIP APPLICATION (MULTIPLE SCHOOLS)

Cooperating School #1 Name: \_\_\_\_\_

Reason for application (check all that apply):

- Cooperating School only has \_\_\_\_\_ rider(s) interested in an equestrian team.
- Cooperating School cannot obtain approval from the school for a team.
- Cooperating School in unable to obtain parental support and/or an advisor.
- Other reason - please explain: \_\_\_\_\_  
\_\_\_\_\_

Has the Cooperating School been canvassed to be sure all students interested in a school equestrian team have been contacted?  Yes  No

Have the Athletic Director and the Principal of the Cooperating School been advised of the student(s) desire to cooperatively participate with the team at the Sponsoring School?  Yes  No - If no, please explain:  
\_\_\_\_\_

Under cooperative sponsorship, the name of the team will be: \_\_\_\_\_

The Advisor for the team(s) will be: \_\_\_\_\_

**Cooperating School Notification (Principal, Athletic Director or other authorized school official)**

Printed Name: \_\_\_\_\_ Notified by: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Cooperating School #2 Name: \_\_\_\_\_

Reason for application (check all that apply):

- Cooperating School only has \_\_\_\_\_ rider(s) interested in an equestrian team.
- Cooperating School cannot obtain approval from the school for a team.
- Cooperating School in unable to obtain parental support and/or an advisor.
- Other reason - please explain: \_\_\_\_\_  
\_\_\_\_\_

Has the Cooperating School been canvassed to be sure all students interested in a school equestrian team have been contacted?  Yes  No

Have the Athletic Director and the Principal of the Cooperating School been advised of the student(s) desire to cooperatively participate with the team at the Sponsoring School?  Yes  No - If no, please explain:  
\_\_\_\_\_

Under cooperative sponsorship, the name of the team will be: \_\_\_\_\_

The Advisor for the team(s) will be: \_\_\_\_\_

**Cooperating School Notification (Principal, Athletic Director or other authorized school official)**

Printed Name: \_\_\_\_\_ Notified by: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone Number: \_\_\_\_\_



2009 - 2010

COOP SPONSORSHIP APPLICATION (MULTIPLE SCHOOLS)

Cooperating School #3 Name: \_\_\_\_\_

Reason for application (check all that apply):

- Cooperating School only has \_\_\_\_\_ rider(s) interested in an equestrian team.
- Cooperating School cannot obtain approval from the school for a team.
- Cooperating School in unable to obtain parental support and/or an advisor.
- Other reason - please explain: \_\_\_\_\_  
\_\_\_\_\_

Has the Cooperating School been canvassed to be sure all students interested in a school equestrian team have been contacted?  Yes  No

Have the Athletic Director and the Principal of the Cooperating School been advised of the student(s) desire to cooperatively participate with the team at the Sponsoring School?  Yes  No - If no, please explain:  
\_\_\_\_\_

Under cooperative sponsorship, the name of the team will be: \_\_\_\_\_

The Advisor for the team(s) will be: \_\_\_\_\_

**Cooperating School Notification (Principal, Athletic Director or other authorized school official)**

Printed Name: \_\_\_\_\_ Notified by: \_\_\_\_\_  
Title: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Cooperating School #4 Name: \_\_\_\_\_

Reason for application (check all that apply):

- Cooperating School only has \_\_\_\_\_ rider(s) interested in an equestrian team.
- Cooperating School cannot obtain approval from the school for a team.
- Cooperating School in unable to obtain parental support and/or an advisor.
- Other reason - please explain: \_\_\_\_\_  
\_\_\_\_\_

Has the Cooperating School been canvassed to be sure all students interested in a school equestrian team have been contacted?  Yes  No

Have the Athletic Director and the Principal of the Cooperating School been advised of the student(s) desire to cooperatively participate with the team at the Sponsoring School?  Yes  No - If no, please explain:  
\_\_\_\_\_

Under cooperative sponsorship, the name of the team will be: \_\_\_\_\_

The Advisor for the team(s) will be: \_\_\_\_\_

**Cooperating School Notification (Principal, Athletic Director or other authorized school official)**

Printed Name: \_\_\_\_\_ Notified by: \_\_\_\_\_  
Title: \_\_\_\_\_ Telephone Number: \_\_\_\_\_



2009 - 2010

COOP SPONSORSHIP APPLICATION (MULTIPLE SCHOOLS)

Cooperating School #5 Name: \_\_\_\_\_

Reason for application (check all that apply):

- Cooperating School only has \_\_\_\_\_ rider(s) interested in an equestrian team.
- Cooperating School cannot obtain approval from the school for a team.
- Cooperating School in unable to obtain parental support and/or an advisor.
- Other reason - please explain: \_\_\_\_\_  
\_\_\_\_\_

Has the Cooperating School been canvassed to be sure all students interested in a school equestrian team have been contacted?  Yes  No

Have the Athletic Director and the Principal of the Cooperating School been advised of the student(s) desire to cooperatively participate with the team at the Sponsoring School?  Yes  No - If no, please explain:  
\_\_\_\_\_

Under cooperative sponsorship, the name of the team will be: \_\_\_\_\_

The Advisor for the team(s) will be: \_\_\_\_\_

**Cooperating School Notification (Principal, Athletic Director or other authorized school official)**

Printed Name: \_\_\_\_\_ Notified by: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Cooperating School #6 Name: \_\_\_\_\_

Reason for application (check all that apply):

- Cooperating School only has \_\_\_\_\_ rider(s) interested in an equestrian team.
- Cooperating School cannot obtain approval from the school for a team.
- Cooperating School in unable to obtain parental support and/or an advisor.
- Other reason - please explain: \_\_\_\_\_  
\_\_\_\_\_

Has the Cooperating School been canvassed to be sure all students interested in a school equestrian team have been contacted?  Yes  No

Have the Athletic Director and the Principal of the Cooperating School been advised of the student(s) desire to cooperatively participate with the team at the Sponsoring School?  Yes  No - If no, please explain:  
\_\_\_\_\_

Under cooperative sponsorship, the name of the team will be: \_\_\_\_\_

The Advisor for the team(s) will be: \_\_\_\_\_

**Cooperating School Notification (Principal, Athletic Director or other authorized school official)**

Printed Name: \_\_\_\_\_ Notified by: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone Number: \_\_\_\_\_



2009 - 2010

COOP SPONSORSHIP APPLICATION (MULTIPLE SCHOOLS)

Cooperating School #7 Name: \_\_\_\_\_

Reason for application (check all that apply):

- Cooperating School only has \_\_\_\_\_ rider(s) interested in an equestrian team.
- Cooperating School cannot obtain approval from the school for a team.
- Cooperating School in unable to obtain parental support and/or an advisor.
- Other reason - please explain: \_\_\_\_\_  
\_\_\_\_\_

Has the Cooperating School been canvassed to be sure all students interested in a school equestrian team have been contacted?  Yes  No

Have the Athletic Director and the Principal of the Cooperating School been advised of the student(s) desire to cooperatively participate with the team at the Sponsoring School?  Yes  No - If no, please explain:  
\_\_\_\_\_

Under cooperative sponsorship, the name of the team will be: \_\_\_\_\_

The Advisor for the team(s) will be: \_\_\_\_\_

**Cooperating School Notification (Principal, Athletic Director or other authorized school official)**

Printed Name: \_\_\_\_\_ Notified by: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Cooperating School #8 Name: \_\_\_\_\_

Reason for application (check all that apply):

- Cooperating School only has \_\_\_\_\_ rider(s) interested in an equestrian team.
- Cooperating School cannot obtain approval from the school for a team.
- Cooperating School in unable to obtain parental support and/or an advisor.
- Other reason - please explain: \_\_\_\_\_  
\_\_\_\_\_

Has the Cooperating School been canvassed to be sure all students interested in a school equestrian team have been contacted?  Yes  No

Have the Athletic Director and the Principal of the Cooperating School been advised of the student(s) desire to cooperatively participate with the team at the Sponsoring School?  Yes  No - If no, please explain:  
\_\_\_\_\_

Under cooperative sponsorship, the name of the team will be: \_\_\_\_\_

The Advisor for the team(s) will be: \_\_\_\_\_

**Cooperating School Notification (Principal, Athletic Director or other authorized school official)**

Printed Name: \_\_\_\_\_ Notified by: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone Number: \_\_\_\_\_



2009 - 2010

COOP SPONSORSHIP APPLICATION (MULTIPLE SCHOOLS)

Cooperating School #9 Name: \_\_\_\_\_

Reason for application (check all that apply):

- Cooperating School only has \_\_\_\_\_ rider(s) interested in an equestrian team.
- Cooperating School cannot obtain approval from the school for a team.
- Cooperating School in unable to obtain parental support and/or an advisor.
- Other reason - please explain: \_\_\_\_\_  
\_\_\_\_\_

Has the Cooperating School been canvassed to be sure all students interested in a school equestrian team have been contacted?  Yes  No

Have the Athletic Director and the Principal of the Cooperating School been advised of the student(s) desire to cooperatively participate with the team at the Sponsoring School?  Yes  No - If no, please explain:  
\_\_\_\_\_

Under cooperative sponsorship, the name of the team will be: \_\_\_\_\_

The Advisor for the team(s) will be: \_\_\_\_\_

**Cooperating School Notification (Principal, Athletic Director or other authorized school official)**

Printed Name: \_\_\_\_\_ Notified by: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Cooperating School #10 Name: \_\_\_\_\_

Reason for application (check all that apply):

- Cooperating School only has \_\_\_\_\_ rider(s) interested in an equestrian team.
- Cooperating School cannot obtain approval from the school for a team.
- Cooperating School in unable to obtain parental support and/or an advisor.
- Other reason - please explain: \_\_\_\_\_  
\_\_\_\_\_

Has the Cooperating School been canvassed to be sure all students interested in a school equestrian team have been contacted?  Yes  No

Have the Athletic Director and the Principal of the Cooperating School been advised of the student(s) desire to cooperatively participate with the team at the Sponsoring School?  Yes  No - If no, please explain:  
\_\_\_\_\_

Under cooperative sponsorship, the name of the team will be: \_\_\_\_\_

The Advisor for the team(s) will be: \_\_\_\_\_

**Cooperating School Notification (Principal, Athletic Director or other authorized school official)**

Printed Name: \_\_\_\_\_ Notified by: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone Number: \_\_\_\_\_



**2009 - 2010  
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: \_\_\_\_\_



**2009 - 2010  
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.



**2009 - 2010  
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):     Athlete/Parent     Advisor/Coach     District Registrar

Copy of Report Card:     Athlete/Parent     Advisor/Coach

Athlete Goals & Evaluation Form:     Athlete/Parent     Advisor/Coach

Athlete Signature:     Athlete/Parent     Advisor/Coach     District Registrar

Parent/Guardian Signature:     Athlete/Parent     Advisor/Coach     District Registrar

Coach/Advisor Signature:     Advisor/Coach     District Registrar

Athlete Included on Team Roster:     Advisor/Coach     District Registrar

Team/Club Fee \$ \_\_\_\_\_ :     Athlete/Parent     Advisor/Coach     District Registrar

Total Paid \$ \_\_\_\_\_ :     Athlete/Parent     Advisor/Coach     District Registrar

Outstanding  
Balance \$ \_\_\_\_\_ :     Athlete/Parent     Advisor/Coach     District Registrar



**2009 - 2010  
ATHLETE GOALS & EVALUATION**

Athlete's Name: \_\_\_\_\_

Horse's Name: \_\_\_\_\_

**CLASS PREFERENCES**

I am interested in participating in the following WAHSET classes with my horse (check all that apply):

Performance Classes:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Dressage Seat Equitation | <input type="checkbox"/> Hunt Seat Equitation   | <input type="checkbox"/> Hunt Seat Eq Over Fences |
| <input type="checkbox"/> In-Hand Trail            | <input type="checkbox"/> Trail                  | <input type="checkbox"/> Reining                  |
| <input type="checkbox"/> Reinsmanship (Driving)   | <input type="checkbox"/> Saddle Seat Equitation | <input type="checkbox"/> Showmanship              |
| <input type="checkbox"/> Stock Seat Equitation    | <input type="checkbox"/> Working Rancher        |   |

Timed/Speed Classes:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Barrels                   | <input type="checkbox"/> Figure 8 Stake Race | <input type="checkbox"/> Individual Flags       |
| <input type="checkbox"/> Keyhole                   | <input type="checkbox"/> Pole Bending        | <input type="checkbox"/> Steer Daubing (cattle) |
| <input type="checkbox"/> Breakaway Roping (cattle) |  |   |

Team Classes:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Drill Team          | <input type="checkbox"/> In-Hand Obstacle Relay | <input type="checkbox"/> Team Sorting  |
| <input type="checkbox"/> Team Canadian Flags | <input type="checkbox"/> Two-Man Birangle       | <input type="checkbox"/> Working Pairs |

**SHORT-TERM GOALS**

Please describe the short-term goals you hope to accomplish with the above named horse, event(s) and your WAHSET team:

**LONG-TERM GOALS**

Please describe the long-term goals you hope to accomplish with the above named horse, event(s) and your WAHSET team:

**WAHSET YEAR-END EVALUATION**

Complete this section prior to the State Championship meet. Evaluate your progress in achieving the goals stated above. Be honest with yourself and cite the strong points as well as areas for improvement. Use the back side of this form to record your progress in WAHSET this year.

