

New Hampshire High School Equestrian Teams
Team Registration

To be considered a registered NHHSET Team for the upcoming year the following applies:

- This form must be completely filled out in its entirety
- All applicable signatures are required
- Forms MUST be postmarked by March 1st and sent to the corresponding district chair
- Any changes to the information on the form will be constitute a new form to be completed/signed
- Individuals listed on the form will be required to complete/sign all applicable NHHSET paperwork

NHHSET District: _____

Participating High School Name: _____

High School Full Address: _____

High School Phone Number: _____

Administrator/Athletic Director Name: _____

Administrator/ AD Phone Number: _____ **Email:** _____

Equestrian Team Advisor #1 Name: _____

Advisor #1 Phone Number: _____ **Email:** _____

Equestrian Team Advisor #2 Name: _____

Advisor #2 Phone Number: _____ **Email:** _____

Head Coach Name: _____

Head Coach Phone Number: _____ **Email:** _____

Assistant Coach #1 Name: _____

Assistant Coach #1 Phone Number: _____ **Email:** _____

Assistant Coach #2 Name: _____

Assistant Coach #2 Phone Number: _____ **Email:** _____

Participating Middle School Name: _____

Middle School Full Address: _____

Middle School Phone Number: _____

Administrator/Athletic Director Name: _____

Administrator/ AD Phone Number: _____ **Email:** _____

Middle School Advisor #1 Name: _____

Advisor #1 Phone Number: _____ **Email:** _____

Middle School Advisor #2 Name: _____

Advisor #2 Phone Number: _____ **Email:** _____

As the Advisors/Coaches of this team, I understand that I am held to the expectations of Section 1
NHHSET Advisor/Coach Role Expectations of the NHHSET Rulebook and agree to abide by said rules

Advisor #1 Signature: _____ **Date:** _____

Advisor #2 Signature: _____ **Date:** _____

Head Coach Signature: _____ **Date:** _____

Assistant Coach #1 Signature: _____ **Date:** _____

Assistant Coach #2 Signature: _____ **Date:** _____

Middle School Advisor #1 Signature: _____ **Date:** _____

Middle School Advisor #2 Signature: _____ **Date:** _____

I hereby authorize the above individuals to represent the _____
High School Name

In the New Hampshire High School Equestrian Teams program for the year _____.
As school administrator, I am aware and approve any and all "additional fees" our coaches may be
charging the participants

As school administrator, I am aware and approve any and all fundraising our team is doing

High School Administrator/AD Signature: _____ **Date:** _____

I hereby authorize the above individuals to represent the _____
Middle School Name

In the New Hampshire High School Equestrian Teams program for the year _____.
As school administrator, I am aware and approve any and all "additional fees" our coaches may be
charging the participants

Middle School Administrator/AD Signature: _____ **Date:** _____

** DEADLINE postmarked/timestamped via snail mail or email by March 1st**
** All forms should be mailed to the Appropriate District Chair**