

New Hampshire High School Equestrian Teams
Competitor Registration

(For consideration must be submitted to District Chair via team coach by March 1st - Please write legibly)

District: (circle one) 1 2 3 5

School: (put N/A if no school affiliation and explain)

Full Name of Participant: _____

Mailing Address: (address, state, zip code) _____

Phone Number: _____

Email:(participant) _____

Email: (parent) _____

Allergies: _____

Medical Conditions: _____

Physical Conditions: _____

Emergency Contact & Relationship to Participant: _____

Emergency Contact Phone Number: _____

Division: (circle one) SPIRIT IN-HAND WT WTC

Code of Conduct:

As a participant associated with NHHSET, I understand the goal is to endorse and promote the values and conduct expected. My signature below signifies that I have read, completely understand and agree to adhere to the NHHSET Code of Conduct Standards and will accept the consequences of noncompliance as outlined in the Violation Procedures. By my signature at the bottom of this form, I agree that entry and participation in New Hampshire High School Equestrian Teams activities:

- Is made at my own risk, and that the officers, management, its agents, or facilities assume no responsibility for accidents or injuries
- Is subject to the standards, policies, rules and bylaws of the high school and New Hampshire High School Equestrian Teams
- Waives all claims against New Hampshire High School Equestrian Teams, its officers, management, agents or facilities

My parents and I agree to the Code of Conduct & Release Form

Parent Initials: _____ **Participant Initials:** _____

Rabies and Coggins:

I agree that in order to unload my horse at a show facility or practice site I must provide or have provided proof of a rabies vaccination and negative coggins test within one year of the event date

My parents and I agree to the Rabies and Coggins Testing

Parent Initials: _____ **Participant Initials:** _____

Health Release:

As parent or guardian, if my child needs medical attention, I understand every effort will be made to contact me. I hereby give permission to the medical personnel selected by New Hampshire High School Equestrian Teams, to secure emergency treatment for my child. I will assume all financial obligations incurred if not covered by my private insurance.

I Agree **Parent Initials:** _____

I do not personally have insurance, but I understand my child must be covered by insurance before he/she can participate in New Hampshire High School Equestrian Teams events or practices.

I Agree **Parent Initials:** _____

Parent Involvement:

Parent involvement is needed for many aspects of the organization. It is required that a parent, guardian or support person assist with at least one show per season.

Printed Name of Participant: _____

Signature of Participant: _____ **Date:** _____

Printed Name of Parent or Guardian: _____

Signature of Parent or Guardian: _____ **Date:** _____

You will be considered for a full refund if your District Chair is notified by March 1st

Any notification after the above dates will not be considered for a refund - NO EXCEPTIONS

ONLY SCHOOL CHECKS OR MONEY ORDERS WILL BE ACCEPTED - NO EXCEPTIONS

*ATTENTION COACHES/ADVISORS - MAIL/EMAIL ALL COMPLETED REGISTRATIONS WITH ALL SIGNATURES TO YOUR DISTRICT CHAIR
BY THE REGISTRATION DEADLINE OF March 1st*
(Please contact your District Chair with questions)

Office use only:

Date Received: _____

MO Payment #: _____ (circle one) RIDER FEE SPIRIT FEE

Code of Conduct & Release Form Signed: Y N