



SEASON: \_\_\_\_\_  
ATHLETE REGISTRATION (PAGE 1 of 3)

WAHSET District: \_\_\_\_\_ Team Competing For: \_\_\_\_\_  
School Athlete Attends: \_\_\_\_\_

**ATHLETE INFORMATION**

Name: \_\_\_\_\_ Athlete Number: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Athlete Phone: \_\_\_\_\_ Parent Phone: \_\_\_\_\_  
Athlete Email Address: \_\_\_\_\_  
Parent Printed Name: \_\_\_\_\_  
Parent Email Address: \_\_\_\_\_

Participating as:  Competing  Non-Competing  
High School Class:  Freshman  Sophomore  Junior  Senior  
Years in WAHSET:  First  Second  Third  Fourth

**ATHLETE'S INSURANCE INFORMATION**

Insurance Company: \_\_\_\_\_ ID Number: \_\_\_\_\_  
Primary Insured: \_\_\_\_\_ Group Number: \_\_\_\_\_

**ATHLETE'S HEALTH INFORMATION**

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 accept the WAHSET Medical Emergency Release Statement, and certify that my child is covered by medical insurance as required by WAHSET.***

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

**VIDEO/IMAGE RELEASE STATEMENT**

I DO \_\_\_\_\_ DO NOT \_\_\_\_\_ authorize the future use of electronic images, including pictures, video and audio recordings of this athlete in any WAHSET related publications, printed materials or online postings.



**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.

**CONCUSSION INFORMATION**

***What can happen if my child keeps on playing with a concussion or returns too soon?***

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to student-athlete's safety.

***If you think your child has suffered a concussion:***

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new "Zackery Lystedt Law" in Washington now requires the consistent and uniform implementation of long and well-established return-to-play concussion guidelines that have been recommended for several years:

***"A youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time"***

***- and -***

***"...may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider"***

You should also inform your child's Advisor/Coach if you think that your child may have a concussion. Remember it's better to miss one meet than miss the whole season.

***When in doubt, the athlete sits out!***

For current and up-to-date information on concussions you can go to: <http://www.cdc.gov/ConcussionInYouthSports/>

**Athlete Acknowledgement:**

Printed Name: \_\_\_\_\_ Signature of Athlete: \_\_\_\_\_  
Date: \_\_\_\_\_

**Parent/Guardian Acknowledgement:**

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



**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.*

**INHERENT RISK MANAGEMENT ALERT**

***Riding competitions involve high risk including the possibility of paralysis and death.***

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.

**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**
- CONCUSSION FORM**
- VIDEO/IMAGE RELEASE STATEMENT**

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

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

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