



## Wisconsin Interscholastic Horsemanship Association Volunteer Registration Form

District \_\_\_\_\_ Team \_\_\_\_\_ Year \_\_\_\_\_

Check appropriate division, and volunteer category below

High School Division \_\_\_\_\_

Junior Division \_\_\_\_\_

Coach \_\_\_\_\_

Coach \_\_\_\_\_

Assistant Coach \_\_\_\_\_

Assistant Coach \_\_\_\_\_

Adult Volunteer \_\_\_\_\_

Adult Volunteer \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: WI Zip \_\_\_\_\_

Home Phone with area code \_\_\_\_\_

Cell Phone with area code \_\_\_\_\_

Fax Number with area code \_\_\_\_\_

Alternate Phone with area code: \_\_\_\_\_

Email address: \_\_\_\_\_ Date of Birth \_\_\_\_\_

The WIHA will be performing Criminal Sexual Conduct Checks on all Volunteers  
*The above information is true to the best of my knowledge.*

As a registered coach/assistant coach/adult volunteer of W.I.H.A., I agree to follow the Constitution, By-Laws and General rules of this Association, as well as promote its purpose and goals, to the best of my ability.

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

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