

**Michigan Interscholastic Horsemanship Association**  
Volunteer Registration Form

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

*Please select the appropriate Division and Volunteer Category below*

<b>High School Division</b> _____	<b>Junior Division</b> _____
<b>Coach</b> _____	<b>Coach</b> _____
<b>Assistant Coach</b> _____	<b>Assistant Coach</b> _____
<b>Adult Volunteer</b> _____	<b>Adult Volunteer</b> _____

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

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

City: \_\_\_\_\_ State: **MI** ZIP \_\_\_\_\_

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

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

Fax No. with area code: \_\_\_\_\_ (Home/Work)

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

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**As a registered coach/assistant coach/adult volunteer of MIHA, 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. I understand that the MIHA will conduct Criminal Sexual Conduct checks on all volunteers. I certify that I have not been convicted of Criminal Sexual Conduct or any other crime which would require me to register as a sex offender on the Michigan Public Sex Offender Registry under MCL 28.723(e). I certify that all of the above information is true to the best of my knowledge.**

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

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

*This form supersedes all preceding Volunteer Registration Forms. (Revised: Jan 31st, 2009)*

DC Use Only CSC Check Completed On: \_\_\_\_\_ Signature: \_\_\_\_\_