

Michigan Interscholastic Horsemanship Association District XII

Volunteer Registration Form

District: _____ Team _____ Year _____

Please select the appropriate Division and Volunteer Category below

High School Division <input type="checkbox"/> _____ Coach <input type="checkbox"/> _____ Assistant Coach <input type="checkbox"/> _____ Adult Volunteer <input type="checkbox"/> _____	Junior Division <input type="checkbox"/> _____ Coach <input type="checkbox"/> _____ Assistant Coach <input type="checkbox"/> _____ Adult Volunteer <input type="checkbox"/> _____
---	--

Name: _____

Address: _____

City: _____ State: **MI** ZIP _____

Home Phone with area code: _____

Cell 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: _____

Insurance

- Yes - \$8.00**
- NO - I certify that I have been given the opportunity to participate in group insurance plan offered by MIHA and have declined to participate. Must sign below if declining insurance**

Signature: _____

Date: _____

This form supersedes all preceding Volunteer Registration Forms. (Revised: Jan 29th, 2020)

DC Use Only CSC Check Completed On: _____ Signature: _____