

(Date)

ATTN: (High School Athletic Director or Principal

RE: High School Dressage Club Team Member

In 2001 the Oregon Dressage Society (ODS) received approval from the Oregon Department of Education to have dressage recognized as a high school club sport for which students may receive a high school letter. Dressage is an equestrian art/sport, and is part of the Olympic Summer Games.

In school year 2002-2003 Salem Academy Christian High School (SAC) and Regis Catholic High School (RHS) formed Oregon's first two ODS High School Dressage clubs. SAC's and RHS's members ride together under the combined team name of Classical Equestrians.

For students who attend schools that do not have enough interested riders to form an ODS sponsored dressage club, (name of school) has agreed to host other school's student(s) as members of (name of sponsoring school club).

Your student, (name of student) and her parents/guardian(s) have requested that (name of student) be allowed to join the (name of school club and sponsoring school) as a member of this team.

In order for (name of sponsoring school) to accept another school's student(s), the student(s) must:

- (a) obtain their schools written consent to do so: and
- (b) the school must acknowledge that the student(s) are in good academic standing.

When this release/acknowledgement is received by the (name of sponsoring school)'s Team Coordinator the student(s) becomes a member of (name of sponsoring schools club) and will compete as a member of (name of sponsoring school) for purpose of lettering.

In order to qualify for a high school letter and an ODS dressage pin, students must:

- (a) remain academically qualified to participate in team sports;
- (b) compete at one ODS High School team recognized show per academic year; and
- (c) obtain a test score of **60%** or higher at Training Level or above at **two** or more ODS recognized competitions per academic year.

The team coordinator and coaches monitor and submit verification of letter eligibility to (sponsoring school and ODS) at the end of each school year. Your school can grant the letter, or (sponsoring school) will provide the high school letter, and ODs will provide the pin for the letter.

If your high school would prefer to form it's own High School Dressage Club and/or team sponsored by the Oregon Dressage Society, contact the ODS office manager, Cynthia Prater, at 503-581-8778 to find out more details on how to establish your own club and/or team.

If your high school is not interested in forming it's own club and/or team at this time and would prefer to allow (name of student) to compete as a member of (name of club and sponsoring school), please complete and return a copy of this letter.

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Our high school is not currently interested in forming a High School Dressage Club, and (name of student(s)) is released to join the (name of sponsoring club and school)

I verify that (name of student(s)) is academically qualified to participate in team sports.

Name

Date

Title

Phone Number

Please complete and return this form, NO LATER THAN (date) in the enclosed, self-addressed envelope to:

(Name and address and phone number of Team Coordinator or Sponsoring School principal.)

Code of Conduct

As a member of the (name of sponsoring school club's name) I and my parent(s) or guardian(s) agree that:

1. I will maintain high school grades high enough to be eligible to participate in high school sports.
2. I will conduct myself in a manner that reflects well on the club, and (name of sponsoriggn school)
3. I agree to no use alcohol or tobacco or non-prescription drugs, not only during clube events, but in my personal life.
4. I will dress appropriately and safely for club events and activities. When riding (whether for practice, show, training or fun) I will wear acceptable shoes, (hard shoes with heals), use appropriate and safely/properly adjusted tack, and to wear a safety approved riding helmet.
5. I will be courteous, display good manners to all club members and others, and will use appropriate and respectful language to all, with no swearing.
6. During all club events, during all meets/shows, and during all other activites, I will observe established hours, keep the person in charge of club members informed of my whereabouts, and obtain permission from the person in charge of club members when I will be out of their sight.
7. I understand that handling and riding horses is a dangerous sport. I further understand the need for the person in charge of club members to know of my whereabouts at all times - not only because of the known dangers of equestrian sports, but also of society in general. Many places where shows and events are held may have unpredictable and possible dangerous people on the show/event site.
8. I understand and accept the responsiblity for all costs associated with participating as a club member, to include my own health care/insurance, and for the health and care of my horse(s) owned, leased or borrowed.
9. I will hold (sponsoring school) club advisors, coaches, and/or those assisting with club activities harmless and not liable for any injury (or worse) that may occur to myself or the horse(s) I will use whle participating in events associated with being a member of the (name of club).
10. I will receive regurlar dressage lessons.

Member's Signature

Date

Parent/Guardian's Signature

Date

Medical Release

PARTICIPANT: _____
(First) (Middle Initial) (Last)

ADDRESS: _____
(Street Address) (City) (State) (Zip)

(date of birth) (Home Phone) (e-mail address)

EMERGENCY CONTACT: _____

(Relationship) (Home Phone) (Work, Cell & Emergency Phone)

HEALTH STATEMENT:

Name and phone # of physician: _____

Name of medications being taken: _____

Types of allergies, dietary restrictions &/or other health related issues that should be known: __-

Check if applicable:

- diabetic history of respiratory illness
 history of heart related issues history of seizures

Date of last tetanus shot: _____

List any accommodations that may be needed in order to participate as a member of the (name of team) _____

As a parent or guardian, if my child needs medical attention a reasonable attempt will be made to contact me. I hereby give permission to the medical personnel selected by the person in charge of the (name of club) to order x-rays, routine tests, authorize treatment, release any records necessary, and to provide or arrange for the necessary related transportation for the person named on this form. I hereby give permission to the physician selected by the person in charge of the (name of club) to hospitalize, provide emergency treatment, injections, anesthesia, and/or surgery for me or my child as named on this form. I will assume all financial, legal and liability, obligations incurred if not covered by my personal insurance coverage(s).

(Signature of Parent/Guardian) (Date)

I _____ (club member's name), have read, provided the necessary information and understand this agreement.

Volunteer Sample Form

Volunteer Verification

A requirement for receiving a letter is dressage club members competing at a show must volunteer. Those earning a score to count towards their letter must present their scored test to the club adviser along with this signed note from the show manager or show secretary stating they volunteered.

On _____, _____, volunteered at
date name of rider
_____, in the volunteer position of _____.
name of show

Show Manager or Secretary

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