



OISRA Transfer of Supervision of Student

Type in the shaded boxes below.

Signature lines are not fillable, and electronic signatures are not accepted on this form.

PRINT completed form, get 3 signatures, and SUBMIT signed, completed form to:

OISRA Registrar. Fax: 541-225-5742 Email: Registration@OISRA.org

1067 West 18th Place, Eugene, OR 97402

Student's Name _____

School (where Student is enrolled) _____

Head Coach (for team for the school where Student is enrolled) _____

Team Student will be training with _____

Head Coach (for Team Student will be training with) _____

As the Head Coach for the team for the school where this student is enrolled, I give this student permission to train with the team listed above, under the conditions that the student will always be supervised by an OISRA certified coach, and if the student enters any OISRA competitions, the student will represent the school where the student is enrolled.

_____/_____
Signature of Head Coach for the team of the school where the student is enrolled Date

As the head coach of the team the student will be training with, I ensure that the student will always be supervised by an OISRA certified coach and if the student enters any OISRA competitions, the student will represent the school where the student is enrolled.

_____/_____
Signature of Head Coach for the team the student will be training with Date

I am aware that this arrangement has been made for training for the student and I approve this arrangement.

Type or Print Name of Parent if Student is under 18:

_____/_____
Signature of Parent, if Student is under 18 Date

Signature of Student, if Student is 18