



## OISRA Transfer of Supervision of Student

Type in the shaded boxes below.

PRINT completed form, get 3 signatures (can scan or use electronic signatures), and  
SUBMIT signed, completed form to:

Email: [executivedirector@OISRA.org](mailto:executivedirector@OISRA.org)

**OISRA Executive Director** 21110 Ann Margaret Drive Bend, OR 97701

Student's Name \_\_\_\_\_

School (where Student is enrolled) \_\_\_\_\_

Head Coach (for team for which the Student skis) \_\_\_\_\_

Team Student will be training with \_\_\_\_\_

Head Coach (for Team Student will be training with) \_\_\_\_\_

As the Head Coach for the team for which this student skis, I give this student permission to train or race 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 be on the team of students who are enrolled in the same school where the student is enrolled.

\_\_\_\_\_/\_\_\_\_\_  
Signature of Head Coach of the team for which the student skis.      Date

As the head coach of the team for which this student skis, 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 be on the team of students who are enrolled in the same 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 or racing 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