



## OISRA Transfer of Supervision of Student

Type in the shaded boxes below.

PRINT completed form, get 2 signatures (can scan or use electronic signatures), and SUBMIT signed, completed form to:

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

**OISRA Executive Director** 2110 Ann Margaret Drive Bend, OR 97701

Students' Names:

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School (where Students are enrolled): \_\_\_\_\_

Head Coach (for team for which the Students are registered):

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Team Students will be racing with: \_\_\_\_\_

Head Coach (for Team Students will be racing/training with):

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As the Head Coach for the team for which this student is registered, 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(s) is  
registered

\_\_\_\_\_  
Date

As the head coach of a team that is different from the team for which the student is registered, 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 students are not registered  
with

\_\_\_\_\_  
Date