

COMPLETE EQUESTRIAN VAULTERS- Registration Form

Instructions—Turn this form into the coach before class. Contact info@completeeq.com with any questions.

Participant

Name _____ Date of Birth _____
Street Address _____ Home Phone _____
City, State, Zip _____ Cell Phone _____
Email _____ Work Phone _____
How did you hear about the club? _____ School _____

If previously participated in vaulting, please complete the following:

Current Medal Held _____ AVA # _____ USEF # _____

Parent/Guardian

Parent Name _____
Street Address _____ Home Phone _____
City, State, Zip _____ Cell Phone _____
Email _____ Work Phone _____
Parent Name _____
Street Address _____ Home Phone _____
City, State, Zip _____ Cell Phone _____
Email _____ Work Phone _____
Who is financially responsible? _____

Caregiver—List the names and phones of other people who will bring participant to class on a regular basis.

Name _____ Phone _____
Name _____ Phone _____

Classes—List the regularly scheduled classes the participant will be attending.

Coach _____ Day _____ Time _____
Coach _____ Day _____ Time _____
Coach _____ Day _____ Time _____

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COMPLETE EQUESTRIAN VAULTERS

COMPLETE EQUESTRIAN VAULTERS- Emergency Form

Instructions—Turn this form into the coach before class. Contact info@completeeq.com with any questions.

Participant

Name _____ Date of Birth _____

Medical and Insurance—A photocopy (front and back) of participant’s medical insurance card must be attached.

Medical Conditions, Allergies _____

Insurance Company _____ Policy # _____

Hospital Preference _____

Physician _____ Phone _____

Dentist _____ Phone _____

Other medical professional:

Name, Specialty _____ Phone _____

Parent/Guardian

Parent Name _____ Phone #1 _____

Street Address _____ Phone #2 _____

City, State, Zip _____

Parent Name _____ Phone #1 _____

Street Address _____ Phone #2 _____

City, State, Zip _____

Relative/Friend Emergency Contact—Will be contacted if parent(s) cannot be reached in an emergency.

Name _____ Relation _____

Street Address _____ Phone #1 _____

City, State, Zip _____ Phone #2 _____

Authorization for Medical Treatment

I hereby authorize Complete Equestrian Vaulters or their agent to act for me according to their best judgment in any emergency requiring medical attention, and I hereby waive and release Complete Equestrian Vaulters from any and all liability for any injuries or illness incurred while under their supervision. I will be responsible for any and all medical or other charges in connection with my child’s medical emergency.

Parent’s Signature _____ **Date** _____

COMPLETE EQUESTRIAN VAULTERS

Emergency Form

Health Insurance Card

Participant's Name _____

Attach copies of both the front and back of the participants health insurance card. Alternatively, email a scanned copy of both the front and back of the card to info@completeeq.com.

**Copy of Front of
Health Insurance Card**



**Copy of Back of
Health Insurance Card**



COMPLETE EQUESTRIAN VAULTERS

Photograph & Video Release Form

INSTRUCTIONS: Turn this form into the coach before class. Contact info@completeeq.com with any questions.

Unless indicated below, I hereby grant permission to the rights of my image, likeness and sound of my voice, as recorded on audio or video tape without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used in online and printed marketing materials to promote the Complete Equestrian Vaulters club.

By signing this release I understand this permission signifies that my name, hometown, photographic or video recordings of me may be electronically displayed via the Internet or for marketing and promotion of Complete Equestrian Vaulters (including printed or online material, news articles and press releases).

I will be consulted about the use of the photographs or video recording for any purpose other than those listed above.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed. This release applies to photographic, audio or video recordings collected as part of the sessions listed on this document only.

By signing this form I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for educational purposes.

Vaulter(s) Names _____

Parent Name _____ Parent Name _____

Street Address/P.O. Box _____

City _____

Zip Code _____

Phone _____ Fax _____

Email Address _____

Signature _____ Date _____

If this release is obtained from a presenter under the age of 19, then the signature of that presenter's parent or legal guardian is also required (granting permission for the vaulter(s) and for parents/guardians). I grant permission with the signature(s) below, unless the following box is checked:

I do not grant permission.

Parent's Signature _____ Date _____

Parent's Signature _____ Date _____

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COMPLETE EQUESTRIAN VAULTERS

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Parent Involvement –

Participation, Volunteering and Contributing to the Club

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The Complete Equestrian Vaulters activities and competitions are family events. For the success of our team, it is of great importance that all members are able to be involved. To ensure the best possible success of our vaulters, it is extremely helpful for parents to be involved in the necessary duties, fun activities, and competitions with the club. The club also has capital fundraising campaigns from time to time, to financially support the vaulters and team.

Parent Roles & Responsibilities

Membership

- Attending club events
- Attending parent meetings
- Initial club membership fee (one-time)
- Annual AVA dues to compete at AVA events
- Vaulting shoes, clothing and gear for vaulters and families
- Competition expenses: shared event fees, travel, meals and lodging

Volunteer Roles

- Parents: help by participating in a role with club operations
- Parents and Vaulters: signup for a task for the club's facility cleanup days
- Parents: reach out to welcome and mentor new club members
- Parents and vaulters: participate in horse care and class setup and wrap-up
- Parents: volunteer to help plan and run the club's Heart Beats Gala and local events
- Parents and vaulters: help before, during and after the club's competitive events

We have a special opportunity to serve in this 501c3 nonprofit organization, Complete Equestrian Vaulters. It is an honor to serve and improve the lives of children here in Larimer County. It is expected that the levels that each family is able to volunteer for will vary. We look forward to many years of watching your vaulter grow with Complete Equestrian!

Help us by providing some information about your skills and interests – see the reverse side:

Parent signature

Vaulter name(s)

Date

COMPLETE EQUESTRIAN VAULTERS

Interests & Skills Survey

INSTRUCTIONS: Turn this form into the coach before class. Contact info@completeeq.com with any questions.

Complete Equestrian Vaulters relies on its members (parents) to help run the club, for ongoing operations, and events. We will appreciate your assistance and support of our team by indicating your interests and expertise. This is not a commitment to sign up for a volunteer role, but we may ask for your help later!

Check all that apply (there are no wrong answers):

Interests & Skills:

Parent Name: _____

- | | | |
|--|--|---|
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Finance/Books | <input type="checkbox"/> Maintenance/Construction |
| <input type="checkbox"/> Writing/Editing | <input type="checkbox"/> Financial Support | <input type="checkbox"/> Anything Goes |
| <input type="checkbox"/> Online/Web | <input type="checkbox"/> Legal/Insurance/Contracts | <input type="checkbox"/> Coaching/Lunging |
| <input type="checkbox"/> Facilities | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Horse Care/Riding |
| <input type="checkbox"/> Personnel | <input type="checkbox"/> Sewing/Crafts | <input type="checkbox"/> Planning/Organizing Events |
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Music Archives | <input type="checkbox"/> Other _____ |

Availability:

- | | | |
|---|---|--|
| <input type="checkbox"/> Routine/Ongoing | <input type="checkbox"/> Independent Projects | <input type="checkbox"/> Data Entry |
| <input type="checkbox"/> Specific Events | <input type="checkbox"/> Limited Availability | <input type="checkbox"/> Simple/Repetitive Tasks |
| <input type="checkbox"/> Working on Teams | <input type="checkbox"/> As-Needed/Ad Hoc | <input type="checkbox"/> Other _____ |

Interests & Skills:

Parent Name: _____

- | | | |
|--|--|---|
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Finance/Books | <input type="checkbox"/> Maintenance/Construction |
| <input type="checkbox"/> Writing/Editing | <input type="checkbox"/> Financial Support | <input type="checkbox"/> Anything Goes |
| <input type="checkbox"/> Online/Web | <input type="checkbox"/> Legal/Insurance/Contracts | <input type="checkbox"/> Coaching/Lunging |
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| <input type="checkbox"/> Personnel | <input type="checkbox"/> Sewing/Crafts | <input type="checkbox"/> Planning/Organizing Events |
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Availability:

- | | | |
|---|---|--|
| <input type="checkbox"/> Routine/Ongoing | <input type="checkbox"/> Independent Projects | <input type="checkbox"/> Data Entry |
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