

# Michigan Interscholastic Horsemanship Association

## Groom Registration Form

Team:

Coach's Name:

Groom's Name

Address:

City, State, Zip Code:

Telephone:

Email:

Groom's Date of Birth:

Groom's Grade:

Junior High:

Senior High:

Number of years rider has participated in Senior High MIHA:

School Groom Attends:

**\*Proof of enrollment may be requested by the DC**

The above information is true to the best of my knowledge. Any false information will be cause for disqualification.

### **Registration with the Michigan Interscholastic Horsemanship Association**

Constitutes an agreement for the participants (groom, coach, and parent) who shall be subject to the constitution, the rules of the Association, and the local rules of the show grounds. Registration Affirms eligibility of each groom. The parents, groom, and any of their representatives are bound by the constitution and the rules of M.I.H.A. And agree to hold the Officials, Coaches, And Association Harmless for any action taken.

### **Warning**

Under The Michigan Equine Activity Liability Act, An equine activity sponsor, an equine Professional, Or another person is not liable for an injury to or the death of a participant in an Equine Activity resulting from an inherent risk of the equine activity. (MCL,ACT.1994.35I)

### **Media Release**

I give permission to MIHA, Michigan Interscholastic Horsemanship Association, to take photographs and/or record video and/or audio or otherwise record images and likenesses of me and/or my property and to use these for MIHA educational, promotional, online video streaming, and/or marketing materials. I further consent that my name and identity may be revealed therein or by descriptive text or commentary. I expressly release Michigan Interscholastic Horsemanship Association, its agents, employees, licensees and assigns from and any and all claims which I may have for invasion of privacy, right of publicity, defamation, copyright infringement, or any other causes of action arising out of the use, adaptation, reproduction, distribution, broadcast or exhibition of such recordings of my image, voice, or likeness.

Groom's Signature:

Parent's Signature:

*(if participate under 18)*

***This form supersedes all preceding Horse and Rider Registration Forms. (Revised: March 11, 2020)***

Michigan Interscholastic Horsemanship Association  
Permit for Treatment of Child

By signing this document I/we, \_\_\_\_\_, the Parent(s) and/or legal guardian(s) of \_\_\_\_\_ authorize my child's coach or the designee listed below to seek First Aid and Medical attention for my child. I also authorize Michigan Interscholastic Horsemanship Association, and/or their designees to seek First Aid and Medical attention for my child. In the event of an emergency, I further give further permission to the licensed physician chosen by these designees to hospitalize, secure treatment, anesthesia, or surgery for the previously listed child.

Child's Name: \_\_\_\_\_  
Child's Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

Parent or Guardian's name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_      Work Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_      Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_      Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Coach or Designee's Name and Address: \_\_\_\_\_  
\_\_\_\_\_

Family Doctor: \_\_\_\_\_      Address: \_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_  
Medications: \_\_\_\_\_

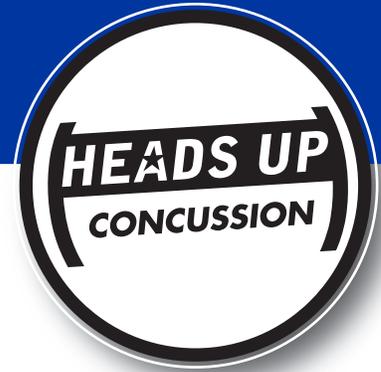
Past Medical History: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Insurance Information: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian      Printed Name      Date

Parent will be attending Events: Yes - No:  
If attending, what days will you be attending?: \_\_\_\_\_  
\_\_\_\_\_

# PARENT & ATHLETE CONCUSSION INFORMATION SHEET



## WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

## WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

## DID YOU KNOW?

- Most concussions occur without loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

## SYMPTOMS REPORTED BY ATHLETE:

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not “feeling right” or is “feeling down”

## SIGNS OBSERVED BY COACHING STAFF:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can’t recall events prior to hit or fall
- Can’t recall events after hit or fall

Michigan Department  
of Community Health



Rick Snyder, Governor  
James K. Haveman, Director

▶ **“IT’S BETTER TO MISS ONE GAME  
THAN THE WHOLE SEASON”**

## CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

## WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.
2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.
3. Remember: Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

## WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

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STUDENT-ATHLETE NAME PRINTED

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STUDENT-ATHLETE NAME SIGNED

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DATE

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PARENT OR GUARDIAN NAME PRINTED

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PARENT OR GUARDIAN NAME SIGNED

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DATE

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HEADS UP

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