



Thank you for your interest in the Riders Interscholastic Federation of North America, Inc. (RIFNA). It is the mission of RIFNA to make equestrian sports available to any student in grades 6 through 12 who wishes to participate regardless of his/her riding ability or economic background. RIFNA recognizes three riding disciplines – Hunter/Equitation, Dressage, and Western – and encourages its members to try all three. A yearly application fee of \$50 allows you to participate in one, two, or all three disciplines. Please indicate on the Membership Application your order of preference for participating in the three disciplines. *(If you initially plan to participate in Hunter/Equitation, please place a 1 in the box next to that discipline. Then decide which of the remaining two disciplines would be your second choice and third choice and indicate those preferences in the boxes next to those disciplines.)* To learn more about RIFNA, please visit our website (WWW.RIFNA.COM).

Membership Application Process:

1. The attached membership application packet includes a Membership Application, a Release/Assumption of Risk/Indemnification Agreement, a Certificate of Eligibility form, a Code of Conduct Policy, and a Code of Conduct/Release Form. Please review each form carefully. The Membership Application, Release/Assumption of Risk/Indemnification Agreement Form, and the Code of Conduct/Release must be filled out completely and signed by you and your parents. **All signatures on the Membership Application and Release Form must be witnessed, without exceptions.**
2. All riders must submit the **Certificate of Eligibility** signed, stamped, and dated by your School Principal, Counselor, or Headmaster prior to your first RIFNA show of the competition year.

****NOTE: ALL RETURNING MEMBERS MUST COMPLETE A MEMBERSHIP APPLICATION AND CERTIFICATE OF ELIGIBILITY PRIOR TO THE FIRST RIFNA SHOW OF EACH COMPETITION YEAR.**

**For home schooled students, the Certificate of Eligibility must be signed by the local board of education or other governing board, certifying that you are registered as a home school student, are abiding by the policy required by your state or county board of education, and are making satisfactory academic progress.

3. The annual membership fee is \$50, payable by check, money order, credit card or debit card. Make check or money order payable to RIFNA.
4. Submit all of the above items to RIFNA headquarters at 17875 Birmingham Highway, Alpharetta, GA 30004.



Membership Application 2010-2011

SECTION I: Student Member Information:

(Please print neatly or type. May also submit electronically – see www.RIFNA.com)

Rider First Name:		Rider Middle Name/Initial:		Rider Last Name:	
Street Address:					
City:		State:		Zip:	
<input type="checkbox"/> Permanent Address <input type="checkbox"/> Temporary Address					
Home Phone		Cell Phone		Email	
DOB:		Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male		

SECTION II: School Information:

School Name:		School in County of:	
School Street Address:			Current Grade in School: <i>(circle below)</i>
City/State/Zip			6 7 8 9 10 11 12
Type of School:	<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Home School		
School Advisor		Advisor Phone:	
		Advisor Email:	
Principal or Headmaster's Name:		Principal or Headmaster's Phone #:	

SECTION III: Barn and Team Information:

Barn Name:			
Team Name:			
Coach's Name:			
I am a:	<input type="checkbox"/> New Member <input type="checkbox"/> Renewing Member*		*Current RIFNA #:
<i>Please indicate your level in each of the following disciplines: (A, C, F, ect) Even if you don't plan to show in the discipline or at all, please indicate your level. Please have your coach sign here to confirm your riding levels:</i>			
Dressage	Hunter/ Equitation	Western	Coach's Signature



Student Rider Name: _____ **(Page 2)**

SECTION IV: Parent Information:

Mother Name:					
Street Address:					
City:		State:		Zip:	
Home Phone		Cell Phone		Office Phone	

Father Name:					
Street Address:					
City:		State:		Zip:	
Home Phone		Cell Phone		Office Phone	

SECTION V: Medical / Insurance / Emergency Contact Information:

Known Allergies:			
Please indicate medications taken and reason:			
Insurance Company:		Policy or ID #:	
Type of Coverage:	<input type="checkbox"/> HMO <input type="checkbox"/> PPO <input type="checkbox"/> POS <input type="checkbox"/> Other	Group #:	
Physician Name:		Physician Phone:	
If parents cannot be reached, please contact:		Contact's phone number:	

Membership Dues:

\$50.00 payable to RIFNA via Check / Money Order / Credit Card / Debit Card / Pay pal

READ AND SIGN BELOW:

We certify that the information supplied in this application is true and correct to the best of our knowledge and belief and that the student applying for membership meets the qualifications and criteria for membership in Riders Interscholastic Federation of North America, Inc. (RIFNA). By applying for and receiving membership in RIFNA, we hereby agree to follow all rules and guidelines set forth by RIFNA and to abide by all decisions and rulings of the governing committees and board of directors.

Rider's Signature: _____ Date: _____

(*If under 18 years of age, Parent/Legal Guardian Signature Required)

Parent/Guardian Signature* _____ Date: _____

Indicate relationship to Rider: Mother Father Legal Guardian



Student Rider Name: _____ **(Page 3)**

RELEASE, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

Assumption of Risk and Waiver

I/We understand that there are inherent risks of serious injury or even death possible with equine activities, and I/We assume the risk for participation in equine activities. On behalf of myself, my heirs and assigns, executors and administrators, I/We hereby waive and release forever any and all liability and all claims for damages against Riders Interscholastic Federation of North America, Inc. (RIFNA), its Board of Directors, Instructors, Administrators, Volunteers, Sponsors, Educational Institution members, riding facility members, and/or Employees for any and all injuries and/or losses I/my son/my daughter/my ward may sustain associated with my child's voluntary participation in RIFNA activities.

Rider's Signature: _____ Date: _____
 (*If under 18 years of age, Parent/Legal Guardian Signature Required)

Parent/Guardian Signature* _____ Date: _____
 Indicate relationship to Rider: Mother Father Legal Guardian

Witnessed By:

On this _____ day of _____ 20____, before me personally appeared _____
 _____ known to be the person(s) who signed the foregoing Release.

 Witness Signature _____
 Witness Address

 Witness Name _____

RIFNA Medical Release Form

In consideration of my/my child's participation in any RIFNA activity and the inherent risks of equine activity that may result in injury/harm requiring emergency medical treatment, I authorize RIFNA (to include its successors or assigns, officials, officers, directors, employees, agents and/or volunteers) to obtain and release to any RIFNA activity personnel (including, but not limited to, organizers, instructors, test examiners, chaperons) AND to any first aid and safety personnel, medical professionals, and treating medical facility, any information regarding my/my child's medical history, symptoms, treatment, exam results and/or diagnosis. I/We have fully disclosed in the **Section V: Medical / Insurance / Emergency Contact Information** any pre-existing conditions, allergies, and/or allergic reactions to medication that I/my child has.

Further, by my/our signature below, I/we authorize any medical provider to transport and commence first aid or emergency treatment, for which I/We agree to be liable, until such time that I/we can be contacted to give further Consent to Treatment.

Further, by my/our signature below, I/we hereby authorize any medical professional to accept this form as my/our consent to treat, my/our consent to accept financial responsibility for any and all expenses related thereto, and our agreement to hold RIFNA or its agents harmless.

Rider's Signature: _____ Date: _____
 (*If under 18 years of age, Parent/Legal Guardian Signature Required)

Parent/Guardian Signature* _____ Date: _____
 Indicate relationship to Rider: Mother Father Legal Guardian



Release to Use Photographs, Video, Name and Other Reproductions

I, _____ (Parent/Legal Guardian Name), hereby grant to Riders Interscholastic Federation of North America, Inc. (RIFNA), and its employees, legal representatives and assigns in the performance of their duties for RIFNA, the absolute right and permission to use or copyright, in its own name or otherwise, and re-use, publish and re-publish photographic pictures, video, electronic images or other reproductions of my child, _____ (Rider's Name), or me in which I or my child may be included, in whole or in part, without restriction as to changes or alterations, in conjunction with or without my own name, in color or otherwise, made through any medium, and in any and all media now or hereafter known for illustration, promotion, art, advertising, and trade, including film, photographic, video, electronic or digital formats or reproductions, or any other purpose whatsoever. I also consent to the use of any printed or electronic matter in conjunction therewith. The uses and rights granted herein are donated to RIFNA freely and without financial consideration as a public service.

I hereby waive any right that I may have to inspect or approve the finished product or product, the advertising copy or other matter that may be used in connection therewith or the use to which it may be applied.

I hereby release, discharge and agree to hold harmless RIFNA, its employees, departments, legal representatives and assigns, and all persons acting under this Release, from any liability for such use, including by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in such use or in any subsequent processing thereof, as well as any publication thereof, including without limitation any claims for libel or invasion of privacy.

I hereby warrant that I am of legal age and have the right to contract in my own name, or I am the parent or legal guardian of the subject for whom this Release is granted. I have read the above Release, prior to its execution, and I am fully familiar with and understand the contents thereof. This Release shall be binding upon me and my heirs, legal representatives, and assigns.

Rider's Signature: _____ Date: _____

Parent/Legal Guardian Signature** _____ Date: _____
(*If rider under 18 years of age)

**This release affects your legal rights.
If not understood, please consult your own legal counsel.**



My child, _____, has applied for Membership in Riders Interscholastic Federation of North America, Inc. (RIFNA). Please complete the CERTIFICATE OF ELIGIBILITY below to verify that he/she meets the eligibility requirements of this school system to participate in extracurricular.

Parent Signature: Mother Father Legal Guardian

CERTIFICATE OF ELIGIBILITY

I, the undersigned, certify that _____ (*insert student's name*) is currently enrolled and regularly attends _____ School in grade _____. I further certify that I have **reviewed** this student's grades and conduct records and that he/she meets the **eligibility** requirements for interscholastic competition under the rules and regulations as stated in the current edition of the handbook of the High School Association or Independent School Association in our state.

This further certifies that the above student has not been **suspended or expelled and has not violated** the rules of conduct at the above named.

Signed: _____
Superintendent, Principal, Counselor, Headmaster
(Include school seal or stamp)

Date: _____

Phone Number: _____

Home-Schooled Students Eligibility Certification

This certifies that _____ is registered as a student in the _____ grade with the local board of education or other governing body in the County of _____, State of _____ and is abiding by and making satisfactory academic progress according to its policy for home-schooling.

Signed: _____
Superintendent, Principal, Counselor, Headmaster
(Include school seal or stamp)

Date: _____

Phone Number: _____

This document must be submitted before the first competition of each year.



CODE OF CONDUCT and RELEASE FORM

I, _____ (*print name*), have received and read the Code of Conduct of Riders Interscholastic Federation of North America, Inc. (RIFNA). I understand that unlawful addictive behavior, such as use of alcohol, drugs, tobacco, etc., is NOT permitted in or around any RIFNA function. I have read the Code of Conduct Standard and Violation Procedures and my signature below signifies my complete understanding of the code and my acceptance of the consequences of my actions. I am aware that while I am a member of Riders Interscholastic Federation of North America Inc., (RIFNA) I have a responsibility to adhere to the standards, rules and bylaws of the organization and understand the consequences of noncompliance.

By my signature below, I acknowledge that entry and participation in RIFNA activities are made at my own risk and subject to the rules established by RIFNA. I/We agree that the management or its agents assume no responsibility for accidents or injuries. Each participant waives all claims against Riders Interscholastic Federation of North America, Inc. (RIFNA), its management, and its agents.

Rider's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____
(If Rider is under 18 years of age on the date of signing)

Team Advisor/Coach Signature _____



Code of Conduct

All members of the Riders Interscholastic Federation of North America, Inc. (RIFNA) must adhere to the adopted RIFNA Code of Conduct.

The RIFNA Code of Conduct shall read:

Riders Interscholastic Federation of North America, Inc. (RIFNA) members, including riders, coaches, officials, and volunteers must conduct themselves in a sportsmanlike manner, and are responsible for their actions in competitions, going to and from competitions, and while at arenas hosting competitions. Members are responsible for adherence to RIFNA competition rules and procedures.

In all equestrian sports the well being of the horse shall be above the demands of trainers, riders, owners, organizers, sponsors or officials. In the interests of the horse, the fitness and competence of the rider are essential. All riding and training methods must demonstrate respect for the horse as a living entity and may not include any technique considered to be abusive or overtaxing of the horse's ability or fitness.

Further, student members shall refrain from the use of drugs and alcohol and strive to maintain the high academic standards promoted by RIFNA. Coaches and representatives of RIFNA shall refrain from consuming alcohol prior to and during all RIFNA sponsored events. Coaches and assistant coaches are expected to act professionally and respectfully at all RIFNA sanctioned shows, competitions and events; maintain current professional liability insurance; and follow all rules and regulations of RIFNA.

VIOLATION PROCEDURES

Violations may be brought to the attention of the Show Management, Show Steward, or Judge. Anyone may approach the Steward or Show Management to report violation(s) to the RIFNA Code of Conduct. Unsportsmanlike conduct may result in disqualification from an event, loss of points earned at the event, and possible disqualification from participation at future RIFNA events at the discretion of Show Management, Show Steward and/or RIFNA Board.

Disciplinary Incidents Reports must be filed for any such reported incident on a form that includes: the name, contact information, and signature of the person making the complaint; the name, contact information and signature of the person committing the infraction; and signatures of the show management, steward(s) and witness(es).

Disciplinary Incident Reports shall be filed with the Regional Representative and kept on file. In the event of a protest, send the report to the National Secretary. All protests are handled first by the Regional Representative. If not settled at the regional level, protest may be filed with the Chair of the RIFNA Rules and Standards Committee. Decisions will be made by a majority vote of the Rule and Standards Committee and are final and binding.

Student Members – Read, detach, and retain this page for your files.

Minor infraction- 10%

Multiple Infraction- 25%

Major Infraction- 50%