



OISRAN Transfer of Supervision of Student

Type in the shaded boxes below.
 Electronic signatures are accepted on this form.
 Get 2 signatures, and SUBMIT signed, completed form to:
 Email: executivedirector@OISRAN.org
 OISRAN Executive Director 21110 Ann Margaret Drive Bend, OR 97701

Student(s) Name(s)

Student's Team: _____

Head Coach for the Student's Team _____

Team Student(s) will be training or racing with _____

Head Coach for Team Student(s) will be training or racing with _____

As the Head Coach for the student's team, 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 OISRAN certified coach, and if the student enters any OISRAN competitions, the student will represent the student's team.

_____/_____

Signature of Head Coach for the student's team Date

As the Head Coach of the team that is NOT the student's team, I ensure that the student will always be supervised by an OISRAN certified coach and if the student enters any OISRAN competitions, the student will represent the student's team

_____/_____

Signature of Head Coach for the team that is NOT the student's team Date