

How to Register as a Jockey

From the login screen, click on "Register."



You are registering as a Covered Person, so please click the button that says "Register as Covered Person."



Click "Accept."

	HOSEEACING HETGETY QA AUTHORITY QA	English	~
(#	Covered Persons Agreement		
47 -7	Pursuant to 15 USC 3054(4)(2) of the Honsenacing Integrity and Safety Act of 2020 (the "Act"), registration by a covered person under the Act, "shall include an agreement by the covered person to be subject to and comply standards, and procedures are set forth in the HSA Rule 8000 Series, and you may read them in full by clicking here: Hps://www.govinds.gov/content/pkg/FR-2022-01-28/pdf/2022-01683.pdf/page=6 By selecting Agree: • You agree to comply with HISA's rules	with the rules.	
	HP-t1 Cal 1477 Ten	i, V:2024-01-08v 7-513-2919 for a ns of Use Priva	r1.0.4-QA ssistance acy Policy

Confirm your acceptance.

=	HATSENCING HATSENTY ALTHORITY QA	English 🗸
(75) 487 ->)	Covered Persons Agreement Pursuant to 15 USC 20054(g1(g2)) of the Horseracing Integrity and Safety Act of 2020 (the 'Act'), registration by a covered person under the Act, 'that include an agreement by the covered person to be subject to and comply or disculated, and procedures developed and approved under subject ton (c). These rules, standards, and procedures are set forth in the HISA Rule 8000 Series, and you may read them in full by dicking here: by subjecting Agree: • You agree to comply with HISA's rules • You agree to comply agree to comply with rules • You agree to comply agree to comply with rules • You agree t	th the rules,
	HP-15, Cal 1-87-5 Cal 1-87-5 Terms	2024-01-08v1.0.4-QA 13-2919 for assistance of Use Privacy Policy

Enter your name, license number, state and birth date.



Select all the states where you are licensed by a racing commission.

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्म इन्ने नो		Choose All States Where You A	re Licensed By A Racing Comn	nission			
		Alabama	Alaska	Arizona	Arkansas	 California 	
		Colorado	Connecticut	Delaware	Florida	Georgia	
		Hawaii	Idaho	Illinois	Indiana	lowa	
		Kansas	Kentucky	Louisiana	Maine	Maryland	
		Massachusetts	Michigan	Minnesota	Mississippi	Missouri	
		Montana	Nebraska	Nevada	New Hampshire	New Jersey	
		New Mexico	New York	North Carolina	North Dakota	Ohio	
		Oklahoma	Oregon	Pennsylvania	Rhode Island	South Carolina	
		South Dakota	Tennessee	Texas	🗌 Utah	Vermont	
		Virginia	Washington	UWest Virginia	U Wisconsin	Wyoming	
		Continue Back				\$	Step 2 of 5
		-				HP-19 Call 1-877	, V:2024-01-08v1.0.4-QA -513-2919 for assistance

Select your role.

You will click on "Jockey" or any other applicable role.

Scroll down.

	HORSERACING INTEGRITY AD SAFETY AUTHORITY QA				English 🗸
4	Choose All That Apply				
%	Horseman				
	Owner 🚯	Trainer 3	Assistant Trainer (1)	Stable Forman	
	Groom	Hotwalker	Exercise Rider	Jockey (3)	
	Apprentice Jockey	 Jockey's Agent 	Pony Rider	Bloodstock Agent	
	Authorized Agent			·	
	Other				1
	If you choose other, please enter a title that best d	lescribes your role			+
	Industry Representative				
	Employee	Contractor			
	Other				
	If you choose other, please enter a title that best d	lescribes your role			
	Veterinarian				
	Regulatory	Association	Practicing		
	Other				



If your Jockey Agent is registered with HISA, please enter their name and click "Continue."

Skip if they are not registered.



Enter the dates of your most recent physical and baseline concussion screening.



Enter your email address and/or phone number. You also need to fill in your address.



Create a password that is at least 10 characters long, contains one number, one uppercase letter, one lowercase letter and at least one special character (example: @#%!%^&*)



Write down or save your username, as you will need this to log into the portal.

Click "Login" to log into the HISA portal.

