



High School Rodeos of BC
MEMBER OF NATIONAL HIGH SCHOOL RODEO ASSOCIATION



BC HIGH SCHOOL RODEO ENTRY FORM – FINALS 2017

CONTESTANT NUMBER _____ NHSRA NUMBER _____ ENTRY CONF # _____

THIS ENTRY WILL NOT BE ACCEPTED UNLESS IT IS COMPLETE IN FULL WITH ALL SIGNATURES AND FEES

CONTESTANT NAME _____ PHONE _____

ADDRESS _____ POTENTIAL CODE _____

SCHOOL _____

ADDRESS _____ POSTAL CODE _____

<u>GIRLS EVENTS:</u>	<u>X</u>	<u>FEE</u>	<u>SIGNATURE OF PARENT OR GUARDIAN</u>
Barrel Racing	_____	\$100.00	_____
Pole Bending	_____	\$100.00	_____
Breakaway Roping	_____	\$100.00	_____
Goat Tying	_____	\$100.00	_____
Girls Cutting	_____	\$100.00	_____
Queen Event	_____	\$100.00	_____
Reined Cowhorse	_____	\$100.00	_____

<u>BOYS EVENTS:</u>	<u>X</u>	<u>FEE</u>	<u>SIGNATURE OF PARENT OR GUARDIAN</u>
Tie Down Roping	_____	\$100.00	_____
Steer Wrestling	_____	\$100.00	_____
Bull Riding	_____	\$100.00	_____
Saddle Bronc	_____	\$100.00	_____
Bareback Riding	_____	\$100.00	_____
Boys Cutting	_____	\$100.00	_____
Team Roping (Boys or Girls)	_____	\$100.00	_____
Name of Team Roping Partner	_____		_____
Reined Cowhorse	_____	\$100.00	_____

ASSOCIATION/CENTRAL ENTRY FEE **\$ 10.00** Not Applied at Finals

TOTAL FEES DUE:

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1.) I certify that this student meets the National High School Rodeo Association's **GRADE AND CONDUCT** qualifications (passing grades in 70% of all classes taken). **CONDUCT** (is in attendance and behaving in a satisfactory manner). This student was under the age of 20 at the first of the High School Rodeo year and has been enrolled in the 9th, 10th, 11th, or 12th grade, 2016/2017. **PLEASE CIRCLE THE STUDENTS GRADE: 9TH 10TH 11TH 12TH**
PLEASE SIGN IN INK. PLEASE USE THE SCHOOL SEAL BELOW.

Signature of Supt., Principal, Designee, or National Director **Printed Name and Title**

2.) We the undersigned, in consideration of the contestant being granted the right and privilege to contest and participate in the High School Rodeos of BC, have read the above and state the above information is correct. We hereby give permission for the contestant to enter and participate in the said rodeo. We also certify that the contestant is properly covered by a medical insurance plan operating in the Province or British Columbia. A student competing in this rodeo CANNOT refuse medical attention in the case of injury except by negligence.

BC Medical Plan Number **Medical Alert**

Signature of Parent or Guardian **Signature of Contestant**

3.) We the parents of _____ give the LOWER NICOLA HOSPITAL and the Physicians on the Medical Stall of the Hospital permission to administer NECESSARY EMERGENCY treatment for the injuries he or she may incur while participating in the 2017 BC HIGH SCHOOL RODEO FINALS. We understand that each contestant must be and is covered by medical insurance. We hereby release the **LOWER NICOLA HOSPITAL** physicians on the medical staff, and the Rodeo sponsors/producers from all Liability except for negligence.

Signature of Parent or Guardian
**** PARENT OR GUARDIAN MUST SIGN FOR EACH EVENT ENTERED, REGARDLESS OF AGE OF CONTESTANT ****