



BC HIGH SCHOOL RODEO ASSOCIATION

MEMBERS OF NATIONAL HIGH SCHOOL RODEO ASSOCIATION
JUNIOR RODEO ENTRY FORM 2017-2018



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

Contestant # _____ NHSRA # _____ Entry Confirmation # _____

Contestant Name: _____ Phone: _____

Address: _____ Postal Code: _____

School: _____

Address: _____ Postal Code: _____

South: _____ North: _____

GIRLS EVENTS:

X INITIALS OF PARENT/GUARDIAN

Barrel Racing _____
Pole Bending _____
Breakaway Roping _____
Goat Tying _____

BOYS EVENTS:

X INITIALS OF PARENT/GUARDIAN

Tie Down Roping _____
Chute Dogging _____
Junior Bull Riding _____
Goat Tying _____
Breakaway Roping _____

GIRLS/BOYSEVENTS:

X INITIALS OF PARENT/GUARDIAN

Team Roping _____
Name of Team Roping Partner: _____
Ribbon Roping _____
Name of Ribbon Roping Partner: _____

B.A.C EVENTS:

X INITIALS OF PARENT/GUARDIAN

Saddle Bronc _____
Bareback Riding _____

****PARENT/GUARIAN MUST INITIAL FOR EACH EVENT ENTERED, REGARDLESS OF AGE OF CONTESTANT****

I certify that this student meets the National High School Rodeo Association's **Grade & Conduct** qualifications. Minimum grade requirements are passing grades in at least 70% of the classes taken, or met the state activity requirement of the province. Conduct (is in attendance and behaving in a satisfactory manner). This student was under the age 20 at the first of the High School Rodeo year and has been enrolled in the 6th, 7th, or 8th grade 2017-18. **PLEASE SIGN IN INK. PLEASE USE THE SCHOOL SEAL BELOW.**

Signature of Supt., Principal, Designee, or National Director

Printed Name & Title

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/Guardian

Signature of Contestant

We the parents of _____ give the _____ & the Physicians on the Medical Staff of the Hospital permission to administer NECESSARY EMERGENCY treatment for the injuries he or she may incur while participating in the (name of Regional Rodeo) _____ High School Rodeo. We understand that each contestant must be & is covered by medical insurance.

We hereby release the (name of hospital) _____ HOSPITAL physicians on the medical staff, & the Rodeo sponsors/producers from all Liability except for negligence.

Signature of Parent/Guardian

Date