



BC HIGH SCHOOL RODEO ASSOCIATION

MEMBERS OF NATIONAL HIGH SCHOOL RODEO ASSOCIATION

RODEO ENTRY FORM 2019-2020



****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

BOYS EVENTS:

X

INITIALS OF PARENT/GUARDIAN

Barrel Racing	_____	_____
Pole Bending	_____	_____
Breakaway Roping	_____	_____
Goat Tying	_____	_____
Girls Cutting	_____	_____
Queen Event	_____	_____
Reined Cow Horse	_____	_____

Tie Down Roping	_____	_____
Steer Wrestling	_____	_____
Bull Riding	_____	_____
Boys Cutting	_____	_____
Saddle Bronc	_____	_____
Bareback Riding	_____	_____
Reined Cow Horse	_____	_____

GIRLS/BOYS EVENTS:

X

INITIALS OF PARENT/GUARDIAN

Team Roping _____

Name of Team Roping Partner: _____

****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 9th, 10th, 11th, or 12th grade 2018/2019. **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