**HIGH SCHOOL RODEOS OF BC  
MEMBER OF THE NATIONAL HIGH SCHOOL RODEO ASSOCIATION**

**HIGH SCHOOL DIVISION RODEO ENTRY FORM 2020-2021   
\*\*\* THIS ENTRY WILL NOT BE ACCEPTED UNLESS IT IS COMPLETED IN FULL\*\*\***

Contestant # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NHSRA # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Entry Confirmation # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contestant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NORTH REGION \_\_\_\_\_\_\_\_\_\_ SOUTH REGION \_\_\_\_\_\_\_\_\_\_\_

**GIRLS EVENTS: PARENT/GUARDIAN INITIAL BOYS EVENTS: PARENT/GUARDIAN INITIAL**

\_\_\_\_\_ Barrel Racing \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ Tie Down Roping \_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_ Pole Bending \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ Steer Wrestling \_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_ Breakaway Roping \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ Bull Riding \_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_ Goat Tying \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ Saddle Bronc \_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_ Queen Event \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ Bareback Broncs \_\_\_\_\_\_\_\_\_\_

**GIRLS/BOYS EVENTS:** **PARENT/GUARDIAN INITIAL NAME OF PARTNER IF APPLICABLE**

**\_\_\_\_\_** Cutting \_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_ Reined Cow Horse \_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_ Team Roping \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 enrolled classes, or have met the activity requirement of the Province. Conduct is attendance and behaving in a satisfactory manner. This student was under the age of 20 at the first High School Rodeo of the season an is enrolled in the \_\_\_\_\_ grade in 2020-21.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Signature of Principal, Designee or National Director Printed Name and Title

We, the undersigned, in consideration of the contestant being granted the right and privilege to contest and participate in the HSR 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 of British Columbia. A student competing at this rodeo CANNOT refuse medical attention in the case of injury except by negligence, AND;

We the parents of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (hospital) and the Physicians& Medical staff of the above mentioned hospital permission to administer NECESSARY EMERGENCY TREATMENT for any injuries he/she may incur while participating in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Regional High School Rodeo. We understand that the contestant must be and is covered by medical insurance. We hereby release the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (hospital), physicians, medical staff, and the rodeo sponsors, producers form all Liability except for negligence.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
BC Medical Plan Number Medic Alert Contestant Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Signature of Parent/Guardian Printed Name Date