



HIGH SCHOOL RODEOS OF BC

MEMBER OF THE NATIONAL HIGH SCHOOL RODEO ASSOCIATION

HIGH SCHOOL DIVISION RODEO ENTRY FORM 2024-2025

***** THIS ENTRY WILL NOT BE ACCEPTED UNLESS IT IS COMPLETED IN FULL*****

Contestant Back # _____ NHSRA Membership # _____ Region ___ North ___ South

Contestant Name: _____ Phone Number _____

Address: _____

School: _____

Address: _____

GIRLS EVENTS:

PARENT/GUARDIAN INITIAL

BOYS EVENTS:

PARENT/GUARDIAN INITIAL

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

_____ Tie Down Roping _____
 _____ Steer Wrestling _____
 _____ Bull Riding _____
 _____ Saddle Bronc _____
 _____ 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 of BC. 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 and is enrolled in the _____ grade in 2024/2025.

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 from all Liability except for negligence.

BC Medical Plan Number

Medic Alert

Contestant Signature

Signature of Parent/Guardian

Printed Name

Date