OFFICIAL GENERIC ENTRY FORM JR HIGH SCHOOL_ JR HIGH

District 6 High School Rodeo, Fall 2020

Rodeo: (circle one)	Burley	Filer	<u>Filer</u>
Rodeo Date:	9/12	9/19	9/26
/Entry Due Date	9/5	9/12	9/19

Jr High Division can enter Saturday performance only. Jr High Members can enter all <u>except</u> Burley 3. All Jr High Division rules apply except boys can enter tie down <u>or</u> breakaway.

Name of Contestant		
Address		
School	_Grade	_Phone

Money must accompany entry to be accepted. Make checks payable to: <u>6th Dist. HS Rodeo</u> Both sides must be completed in full. Entries MUST be given to Director or mail to: Anna Champneys PO Box 492 Kimberly, ID. 83341

Late entries will not be accepted!!

Please X the events you wish to enter

ILL CIDL'S EVENTS

JH DUT 3 EVENTS		JH GIKL S EVENIS		
() Boys Breakaway	\$25 =	() Barrel Racing	\$17 =	
() Boys Goat Tying	\$25 =	() Pole Bending	\$17 =	
() Bull Riding	\$50 =	() Goat Tying	\$25 =	
() Tie Down	\$25 =	() Breakaway	\$25 =	
() Team Roping	\$25 =	() Team Roping	\$25 =	
Header Heel	er	Header Heeler	·	
Office charge / gate \$20.00		Office charge / gate \$20.00		
TOTAL incl. C	Office charge \$	TOTAL inc	cl. Office charge \$	
ase give name of Tea	m Roning Partner			

Please give name of Team Roping Partner: _____ (Partner must be a 6th district member)

Parents and Contestants-- Please Read and Sign: All contestants are required to read the rules carefully, particularly those relating to the event in which they enter. Failure to understand rules will not be accepted as an excuse. I/we understand that failure of the contestant or his/her parent to follow the chain of command, or violation of any NHSRA rule or ground rule may result in probation for the contestant or immediate disqualification of the contestant.

	Date:
Signature of Contestant	
	Date:

THIS FORM MUST BE SIGNED AND NOTARIZED

We, the parents or guardians of _______ (Name of contestant) Give ANY HOSPITAL, physicians on the Medical Staff of the Hospital and American Red Cross Volunteers or EMT volunteer's permission to administer NECESSARY EMERGENCY treatment for injuries he or she may Incur while participating in the District 6 qualifying rodeo held on the grounds of ANY ARENA. We understand that each contestant must be and is covered by accident insurance provided by the NHSRA. We hereby release Any Hospital; it's physicians on the Medical Staff, ambulance service, Red Cross or EMT volunteers and the Rodeo Sponsors from all Liability.

We further hereby give permission for our son or daughter, above named, to participate in any or all events he or she has elected to enter and waive all liability against the management for injuries he or she and/or property may sustain.

Membership in the National High School Rodeo Association by the student and as authorized by the mother, father or guardian, hereby grants permission to use the student's name, photograph, picture, likeness, and physical depiction to be used by such persons, firms, or corporations as may be approved and selected by the NHSRA and will abide by the terms and conditions of any agreement between the NHSRA and such persons, firms or corporations regarding advertising and promotional issues.

SUBSCRIBED AND SWORN TO before me this _____day _____2020.

NOTARY PUBLIC FOR IDAHO Residing at _____ Commission Expires_____ Signature of contestant

Signature of Parent or Guardian