OFFICIAL GENERIC ENTRY FORM JR HIGH SCHOOL_____
JR HIGH

District 6 High School Rodeo, **Spring 2022**

Rodeo: (circle one)	**Filer**	**Filer**	**Rupert**	**Burley**	**Oakley**	**Burley**
Rodeo Date:	4/2	4/9	4/16	4/23	4/30	5/7
/Entry Due Date	3/19	3/26	4/2	4/9	4/16	4/23

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

Name of Contestant_____
Address_____
School_____Grade_____Phone_____

Money must accompany entry to be accepted. Make checks payable to: **6th Dist. HS Rodeo**
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

JH BOY'S EVENTS

( ) Boys Breakaway	$25 =_____
( ) Boys Goat Tying	$25 =_____
( ) Bull Riding	$50 =_____
( ) Tie Down	$25 =_____
( ) Team Roping	$25 =_____

Header____ Heeler____

Office charge / gate $20.00 _____

TOTAL incl. Office charge $_____

JH GIRL'S EVENTS

( ) Barrel Racing	$17 =_____
( ) Pole Bending	$17 =_____
( ) Goat Tying	$25 =_____
( ) Breakaway	$25 =_____
( ) Team Roping	$25 =_____

Header____ Heeler ____

Office charge / gate $20.00_____

TOTAL incl. Office charge $_____

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:_____**
Signature of Parent/Guardian

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 _____2022.

_____
NOTARY PUBLIC FOR IDAHO
Residing at _____
Commission Expires_____

_____
Signature of contestant

_____
Signature of Parent or Guardian