

WASHINGTON STATE HIGH SCHOOL RODEO ASSOCIATION MEMBERSHIP APPLICATION

OFFICIAL USE ONLY

Check #:	Date:	Sponsorship \$:	Membership #:
----------	-------	-----------------	---------------

APPLICANT INFORMATION

Name:			Email Address:		
Date of Birth:	Age:	Gender: M ___ F ___	SSN:	Phone:	
Current address:				Alternate Emergency Phone:	
City:	State:	Zip	Membership: New ___ Renewal ___		
High School Name:				Year: (Fr, So, Jr, Sr)	
Address:					
City:	State:	Zip:			

PARENT / GUARDIAN INFORMATION

Name:			
Address:			Phone:
City:	State:	ZIP Code:	Email Address:

FEES

NHSRA Dues, NHSRA Times, Western Horseman & Insurance:	\$124.00	
State Dues:	\$116.00	
Total	\$240.00	

MINOR'S RELEASE FOR ALL WSHSRA JUNIOR HIGH QUALIFYING RODEOS

Both Parents / Guardians are to sign after **ALL** events that the above NHSRA/WSHSRA member might enter for the 2016-2017 High School Rodeo Season. ***This must be signed regardless of the age of the member.***

EVENTS

Event:	Both Parents / Guardian Signatures	Events:	Both Parents / Guardian Signatures
Bareback		Barrel Racing	
Saddle Bronc		Pole Bending	
Bull Riding		Goat Tying	
Tie Down Roping		Breakaway Roping	
Steer Wrestling		Girls Cutting	
Boys Cutting		Queen Contest	
Team Roping		Team Roping	
Shooting Sports		Reined Cow Horse	

SIGNATURES

Further, we the parent(s)/guardians of (Member Name) _____ give any hospital and the physicians on the medical staff of the hospital, permission to administer necessary emergency treatment for the injuries he/she may incur while participating in any junior high school rodeos in Washington State. We understand that each contestant must be and is covered by medical insurance. We hereby release any hospital, physicians on the medical staff, rodeo sponsors, and stock contractors from all liability. WE HAVE READ THIS DOCUMENT, AND WE UNDERSTAND IT IS A RELEASE OF ALL CLAIMS. WE APPRECIATE AND ASSUME ALL RISKS INHERENT IN RODEO.

Parent / Guardian Signature:	Parent / Guardian Signature:
Member Signature:	

Notary

On this ____ day of _____, 20____, before me personally appeared _____ to me known to be the persons who executed the foregoing release and acknowledge that they signed same as their free act and deed.

State of Washington County of:	My Appointment Expires:
Signature of Notary Public:	