

MISSISSIPPI JUNIOR HIGH SCHOOL RODEO ASSOCIATION
2020-2021 CONTESTANT MEMBERSHIP APPLICATION
PLEASE TYPE OR PRINT - ALL SPACES MUST BE COMPLETED

NAME: _____ AGE: ____ SEX: ____ Birthdate _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

PRIMARY PHONE NUMBER: _____ CELL: _____ Check for Text Msg

E-MAIL ADDRESS _____

GRADE IN SCHOOL: ____ SCHOOL NAME: _____ CITY _____

PARENTS NAMES: _____

PARENTS' PHONE NUMBERS: _____

Is this your first year to be a member of the M.J.H.S.R.A. ? ____ YES ____ NO If no, how many years have you been a member? _____

- The **state membership** fee is \$25.00. State Membership is open to any student in K-8th grade.
- You must contact your child's school and have a copy of their transcript sent to the State Secretary. If you competed in the State Finals in June 2020, I already have your transcript.
- If your child is home schooled, you must fill out the Home School Verification Form found on the membership page.
- You must have the "CONSENT TO EMERGENCY TREATMENT & MINOR'S RELEASE FORM" signed by both parents and NOTARIZED.

FORMS AND FEES MUST BE RETURNED TO THE SECRETARY BEFORE YOU CAN ENTER ANY RODEO.

Mail to: M.J.H.S.R.A. c/o Dorothy Brooks 89 Emile Davis Rd Poplarville, MS 39470

CONSENT TO EMERGENCY TREATMENT & MINOR'S RELEASE FORM

We, the parents of _____ (name of contestant), in consideration of being granted the right and privilege to participate in the Junior Rodeos sanctioned by the Mississippi Junior High School Rodeo Association, being duly sworn on oath, do hereby give permission for the contestant to enter and participate in said rodeos. We give the local hospital and the physicians on the medical staff of the hospital permission to administer necessary emergency treatment for the injuries he or she may incur while participating in the Junior Rodeos. We hereby release the local hospital, physicians on the medical staff and Rodeo Sponsors from any and all liability.

(Seal) (Father's Signature) (Mother's Signature)

(Contestant's Signature)

STATE OF _____ COUNTY OF _____

SUBSCRIBED AND SWORN TO THIS _____ DAY OF _____, _____.

(NOTARY PUBLIC) MY COMMISSION EXPIRES: _____

DO NOT WRITE IN THE SPACE BELOW!!!