**DISTRICT 7 HIGH SCHOOL RODEO ASSOCIATION**

**MEMBERSHIP APPLICATION 20\_\_\_\_**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***Grade\_\_\_\_\_\_\_\_\_***

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ZIP\_\_\_\_\_\_\_\_\_\_\_\_

Parents Names\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\***PLEASE PRINT CLEARLY** \*\*

Please Submit this application together with the following:

* District 7 Membership Application
* District 7 Medical Release- **(Both Parents/Member must sign and be Notarized)**
* Chain of Command

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* NHSRA DUES: includes Times & Western Horseman & Insurance $ Paid on the National Site
* IHSRA State Dues - $ 50. Paid on National Site
* District 7 Dues High School $ 50. Paid on National Site
* District 7 Dues **JR. High** $ 35. Paid on National Site
* IHSRA Scholarship Raffle Tickets $ 150. Will be due in Spring
* District 7 **JR High** Sponsor Dues $ 100. Will be due in Spring

All National Fees and paperwork are due online.

Make Checks payable to: **District 7 High School Rodeo.**

**PARENTS/GUARDIANS & CONTESTANTS PLEASE READ & SIGN:**

I UNDERSTAND THAT FAILURE OF A CONTESTANT, PARENTS OR GUARDIAN TO FOLLOW THE CHAIN OF COMMAND OR IN THE VIOLATION OF ANY NHRSA OR GROUND RULE SHALL RESULT IN THE PROBATION OR IMMEDIATE DISQUALIFICAION OF THE CONTESTANT.

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF CONTESTANT

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF ***BOTH*** PARENT/GUARDIANS

DISTRICT 7 HIGH SCHOOL MEDICAL RELEASE

We, the parents or guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

give the nearest hospital Madison Memorial, EIRMC, Teton Valley Hospital,

Madison/Rexburg County EMT’s, Fremont/St. Anthony County EMT’s,

Jefferson/Rigby County EMT’s, Teton/Driggs County EMT’s and the

Physicians/Medical Staff of the above hospitals permission to administer

NECESSARY EMERGENCY treatments for injuries he/she may incur while

participating in the District 7 High School Rodeo Association. We understand that

each contestant must be and is covered by medical insurance. We hereby release

the above hospitals & medical attendants and the Rodeo Sponsors for all Liability.

EVENTS ENTERED:­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of ***BOTH*** Parents/Guardian X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_\_, before me, personally

appeared\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Know to me to be the persons who executed the forgoing release and acknowledged that they signed same as their free act and deed.

Notary Public: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_