

NEBRASKA JUNIOR HIGH SCHOOL RODEO ASSOCIATION MEMBERSHIP APPLICATION

Please print clearly and all signatures are required before submitting.

Contestant Name: _____ Date of Birth: _____ Age: _____ Grade: _____
School: _____ Male/Female: _____ T-Shirt Size: _____ Rookie: _____ Renewing: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone #: _____ Cell #: _____ Email: _____
Name of Parent[s]/Guardian[s] _____

(Check One) Married _____ Joint Custody _____ Parent w/Full Custody _____ Guardian _____

Check the events that you plan to enter during the 2020-21 season of the Nebraska Junior High School Rodeo Association. You will only be allowed to compete in events that are checked.

BOYS EVENTS:

_____ **Goat Tying**
_____ **Chute Dogging**
_____ **Bull Riding**
_____ **Calf Roping***
_____ **Breakaway***
_____ **Bareback Steer Riding**
_____ **Saddle Bronc Steer Riding**

GIRLS EVENTS:

_____ **Barrel Racing**
_____ **Pole Pending**
_____ **Breakaway**
_____ **Goat Tying**

BOYS/GIRLS EVENTS:

_____ **Ribbon Roping**
_____ **Runner**
_____ **Roper**
_____ **Team Roping**
_____ **Header**
_____ **Heeler**

*Boys can only enter 1 of the calf roping events at each rodeo

We, the undersigned, hereby grant permission that the below named applicant may compete in the above checked events for their gender during the current membership season of the Nebraska Junior High School Rodeo Association. That we hold all sponsoring organizations and individuals harmless from any liability whatsoever by reason of his or her participation in said event(s) or rodeo(s). In case of injury, permission is hereby given for any doctor, hospital or paramedic professional to render whatever examination or treatment that may be necessary on behalf of said contestant participant. We, also, acknowledge that we are familiar and approve the rules of the National High School Rodeo Association(NHSRA) as well as the rules of the Nebraska Junior High School Rodeo Association(NJHSRA) and will abide by said rules on behalf of named contestant member. We acknowledge that the information on this application is true and correct and that the contestant member meets the qualifications for membership in the NHSRA/NJHSRA.

Printed Name of Natural Father/Guardian

Signature of Natural Father/Guardian

Printed Name of Natural Mother/Guardian

Signature of Natural Mother/Guardian

Printed Name of Contestant Member

Signature of Contestant Member

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

Notary Public Signature

My Commission Expires: