

# NCHSRA/NCJHRA ConductForm

2019/2020



**Contestant Name:** \_\_\_\_\_

**Rodeo Event:** \_\_\_\_\_

## NCHSRA/NCJHRA PUBLIC SCHOOL – SIGN HERE

I certify that this student meets National High School Rodeo Association's GRADE and CONDUCT QUALIFICATIONS (Passing grades in four (4) subjects or all subjects if taking less than four (4). If a contestant is on a block schedule, then contestant must pass at least five (5) subjects for the year. If taking less than five (5) subjects on a block schedule, then all five (5) subjects need to have a passing grade.

Signed: \_\_\_\_\_  
(Superintendent, Principal, Designee or National Director)

## NCHSRA/NCJHRA HOMESCHOOL – SIGN HERE

*PLEASE CHECK THE ONE THAT APPLIES*

\_\_\_\_\_ My child is enrolled in a home school program that is registered with the my state's Department of Education.

\_\_\_\_\_ My child is enrolled in a homeschool program that is NOT registered with my state's Department of Education. \*\*Please attach verification of grade appropriate proficiency.

I certify that our child meets the required National High school Rodeo Association academic and conduct criteria (*listed above*) to be eligible to participate in the NCHSRA/NCJHRA Rodeo Event.

Parent: \_\_\_\_\_

## MEDICAL TREATMENT RELEASE

We, the parents of \_\_\_\_\_, give the local hospital and/or medical facility and their physicians and medical staff permission to administer **NECESSARY EMERGENCY** treatment for injuries he/she may incur while participating at the North Carolina High School & Jr. High Rodeo Association Rodeo Event. We understand that each contestant must be and is covered by medical insurance. We hereby release the hospital, medical facility, physicians on medical staff, rodeo sponsors, promoters contractors, NCHSRA/NCJHRA Board Members,

Both parents and contestant must sign this form for EACH NCHSRA/NCJHRA Rodeo Event

**Parent:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Contestant:** \_\_\_\_\_ **Date:** \_\_\_\_\_