

# 2019-2020 NCHSRA STATE Membership Application

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Please fill out this application and upload it to the NHSRA Online Membership Website (<https://nhsra.equestevent.com>) along with the National Application and Minor Release form that is printed off of the NHSRA Online Membership Website at renewal/registration. Membership Dues in form of cash or check **made to NCHSRA** will be collected at your first rodeo.

**PLEASE FILL OUT ALL LINES OR PLACE A N/A IF DOES NOT APPLY**

## MEMBER INFORMATION

Member Name: \_\_\_\_\_ Cell Number \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

County live in \_\_\_\_\_ Social Security # \_\_\_\_\_

Member Email: \_\_\_\_\_ Yrs in NCHSRA \_\_\_\_\_

Please circle the following answers (Including this year)

**Are you a Rookie?** Yes No **Are You a Senior this Year?** Yes No

## PARENT INFORMATION

Mother's Name \_\_\_\_\_ Cell Number \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Number \_\_\_\_\_

**Main Contact Email address (please Print Neatly)** \_\_\_\_\_

**\*Please Note The above email & NCHSRA Facebook Post will be the main form of communication to our Members & Parents.**

## COMPETING EVENTS

Please place and "X" next to the events You will be competing in for 2019/2020 Season

BAREBACK _____	BULL RIDING _____	POLE BENDING _____	TEAM ROPING _____
BARREL RACING _____	GIRLS BREAKAWAY _____	REINED COWHORSE _____	TIE DOWN ROPING _____
BOY'S CUTTING _____	GIRL'S CUTTING _____	SADDLE BRONC _____	STEER WRESTLING _____
	Girl's Goat Tying _____	SHOOTING _____	

## Important information

**Both Parents & Members** Please initial on each line to confirm you agree and understand the information

ALL members of the NCHSRA/NCJHRA, **MUST** submit your most recent Report Card with your Membership Application.

**QUARTLY SCHEDULE:** Must pass 4 subject, 1 in core Subject **BLOCK SCHEDULE:** Must pass 5 subjects, 1 in core subject

As a NCHSRA/NCJHRA Member, I am responsible to **fundraise** and bring in a total amount of specific dollar amount by **May 1, 2020** in order to compete in the **2020 State Finals Rodeo. (Specific Fundraising dollar amount & Fundraising Activities will be handed out at first rodeo meeting)**

Agree to pay the **\$189.00 Membership Annual Fee** paid before the 1st Rodeo of the 2019/2020 season. **Fee Includes:** NCHSRA & NHSRA DUES, INSURANCE, & ENTRY SYSTEM FEE.

I understand that I must bring a SIGNED Conduct form to **EACH** rodeo EVENT or I could be subject to disqualification.

I understand that as a member of NCHSRA & Parent of NCHSRA Member, I will adhere to and abide by all rules set forth in the NHSRA rulebook and ground rules set forth by NCHSRA.

**ALL NEW MEMBERS** Must submit a copy of their Birth Certificate

Member Signature: \_\_\_\_\_

Mother Signature: \_\_\_\_\_

Father Signature: \_\_\_\_\_

# NCHSRA/NCJHRA Conduct Form

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:** \_\_\_\_\_