

KENTUCKY JR HIGH SCHOOL RODEO ASSOCIATION

Scottsville Fall Rodeo 1 & 2

August 24-25, 2019

NOTE!! There is a \$25 Service Fee on all returned checks

NAME: _____ GRADE: _____

PARENTS: _____

ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

Place an "X" inside the box of each event entering., as well as indicating just first, just second or both rodeos (this will determine your total entry fees). **Make sure a parent signs beside each event entered!**

1st	2nd	FEE	EVENTS	PARENT SIGNATURE
<input type="checkbox"/>	<input type="checkbox"/>	\$25	Girls Breakaway	_____
<input type="checkbox"/>	<input type="checkbox"/>	\$25	Boys Breakaway	_____
<input type="checkbox"/>	<input type="checkbox"/>	\$25	Saddle Bronc Steer	_____
<input type="checkbox"/>	<input type="checkbox"/>	\$25	Bareback Steer	_____
<input type="checkbox"/>	<input type="checkbox"/>	\$25	Girls Goat Tying	_____
<input type="checkbox"/>	<input type="checkbox"/>	\$25	Boys Goat Tying	_____
<input type="checkbox"/>	<input type="checkbox"/>	\$25	Pole Bending	_____
<input type="checkbox"/>	<input type="checkbox"/>	\$25	Barrel Racing	_____
<input type="checkbox"/>	<input type="checkbox"/>	\$25	Chute Dogging	_____
<input type="checkbox"/>	<input type="checkbox"/>	\$25	Calf Roping	_____
<input type="checkbox"/>	<input type="checkbox"/>	\$50	JR Bull Riding	_____
<input type="checkbox"/>	<input type="checkbox"/>	\$25	Ribbon Roping	_____

Are you Header/Runner (for Ribbon Roping-circle one) Partner's Name: _____

\$25 Team Roping _____

Are you Header/Heeler (for Team Roping-circle one) Partner's Name: _____

\$25 Light Rifle _____

MEDICAL RELEASE: We, the parents or guardians of _____ give the Hospital and the physicians on the medical staff of this hospital permission to administer NECESSARY EMERGENCY treatment for injuries he/she may incur while participating in the Ky High School Rodeo at Scottsville, KY. We understand each contestant must be and is covered by medical insurance. We hereby release the local hospital, physicians on the medical staff and the rodeo sponsors from all liability.

Signed _____ and _____
Both parents/guardians must sign, regardless of contestant's age

SCHOOL REQUIREMENT: "I certify this student currently meets National High School Rodeo Association's GRADE AND CONDUCT qualifications (CURRENT GRADE AND CONDUCT REQUIREMENTS ONLY)"

Signed _____ (Supt., Principal, Designee or National Director)

Example: Barrels both days \$50-- Bull Riding both days \$100 + Office fees & grounds fee.

events entered above _____ x \$25 ef (timed events) per performance = \$ _____

events entered above _____ x \$50 ef (rough stock) per performance = \$ _____

Office Fee \$10.00

Grounds Fee/famil: \$15.00

#Stalls__ x \$35 weekend \$ _____

Hook-up x \$35 weekend \$ _____

Total \$

All fees will be collected at check-in.

ALL ENTRIES MUST BE RECEIVED BY Sunday, August 11 at midnight.

Text pic of entry to Theresa Henson @ 270-703-4721 OR email to kyhsra@outlook.com

THERE WILL BE NO REFUND OF ENTRY FEES. YOU MAY WITHDRAW FROM AN EVENT WITHOUT A PENALTY IF YOU NOTIFY THE SECRETARY 24 HOURS BEFORE THE DAY OF THE RODEO ONLY UNDER A DOCTOR'S OR VET'S STATEMENT, HOWEVER YOU WILL NOT RECEIVE A REFUND OF YOUR ENTRY FEES.