

2019-2020 NCJHRA STATE Membership Application

JH

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 NCJHRA _____

Please circle the following answers (Including this year)

Are you a Rookie? 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 STEER _____	BULL RIDING _____	POLE BENDING _____	TEAM ROPING _____
BARREL RACING _____	CHUTE DOGGING _____	RIBBON ROPPING _____	TIE DOWN ROPING _____
BOY'S BREAKAWAY _____	GIRL'S BREAKAWAY _____	SADDLE BRONC STEER _____	
BOY'S GOAT TYING _____	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, **You 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



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:** _____