KENTUCKY HIGH SCHOOL RODEO ASSOCIATION PARENT MEMBERSHIP ---- 2023-2024

We the paren	nts(s) of	would like to become parent member(s) in the ciation. As members, we will be able to vote and have other opportunities to be part of
	n School Rodeo Ass on and support our st	
One Parent _		\$25.00
	Name	
Both Parents		\$35.00
	Name	
	Name	
		d that at least one parent be a voting member of the association.
*****		**************************************
	KEN	PHOTO RELEASE 2023-2024
-		notographs of me and my child in connection with the above-identified subject. I d transferees to copyright, use and publish the same in print and/or electronically.
-	-	h photographs of me with or without my name and for any lawful purpose, including for ion, advertising, and Web content.
I have read a	nd understand the al	ove:
Member Sign	ature	Printed name
Signature, pa	rent or quardian(if ur	der age 18)
Date		
*****	**************************	TUCKY HIGH SCHOOL RODEO ASSOCIATION
	KLI	MEDICAL RELEASE 2023-2024
We, the parer	nts and/or guardians	
	Please print n	ame of Contestant
or State Boar	d chooses for emerg	the medical staff of the hospital and ambulance attendants that the Qualifying Rodeo ency treatment, permission to administer NECESSARY EMERGENCY treatment for participating in the state approved activities.
		nt must be and is covered by medical insurance. We hereby release the designated staff, ambulance attendants, EMT's, all rodeo sponsors and committees from all
Date:	Signed:	AND
(Parent or qu	ardian must sign reg	rdless of age of Contestant)

IF only one parent is signing the form, they must note the reason on the signature line.

For example, DECEASED, SOLE CUSTODY, DIVORCED AND FULL CUSTODY, etc.