

# OREGON JUNIOR HIGH DIVISION

## MEMBERSHIP APPLICATION—2024-2025

Full Name \_\_\_\_\_

Cell Number if available \_\_\_\_\_

Shirt Size \_\_\_\_\_ Coat Size \_\_\_\_\_

BACK # \_\_\_\_\_

NJHD# \_\_\_\_\_

(to be completed by state secretary)

### SCHOOL OFFICIAL MUST SIGN THIS VERIFICATION:

School \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Grade in School \_\_\_\_\_ School's Grading Period: \_\_\_\_\_ Quarterly \_\_\_\_\_ Trimester \_\_\_\_\_ Semester \_\_\_\_\_ Other \_\_\_\_\_

I do hereby certify that this student is enrolled in the above named school and is eligible to participate in school activities based on regular school requirements and behavior standards. I certify that this student meets National High School Rodeo Association's GRADE AND CONDUCT qualifications. (Current grade and conduct requirements only--*Students must be in good standing; not ruled undesirable for misconduct at school....are or have passing grades in four subjects*) **Home schooling students must provide proof of enrollment from an accredited home schooling program. Please include this with all membership forms.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Superintendent, Principal, Counselor, or Secretary)

### BOTH PARENTS/GUARDIANS MUST SIGN THIS VERIFICATION:

I certify that \_\_\_\_\_ is \_\_\_\_\_ years of age. His/her birth date being the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ (year).

Further, we, the Parents/Guardians of \_\_\_\_\_ give any hospital and the physicians on the medical staff of the hospital, and or advance emergency care individuals (EMT or equivalent) to administer NECESSARY EMERGENCY treatment for injuries he or she may incur while participating in any OREGON JUNIOR HIGH DIVISION approved rodeos in Oregon. We understand that each contestant must be and is covered by medical insurance. We hereby release any hospital, physicians on the medical staff, emergency-care individuals, rodeo sponsors, and stock contractors from all liability, except with negligence. WE HAVE READ THIS DOCUMENT, AND WE UNDERSTAND IT IS A RELEASE OF ALL CLAIMS. WE APPRECIATE AND ASSUME ALL RISKS INHERENT IN RODEO.

X \_\_\_\_\_ X \_\_\_\_\_  
(Parents or guardians must sign, regardless of age of contestant)

Please **UPLOAD to NHSRA MEMBERSHIP PORTAL and MAIL ORIGINALS** to address below

1. National Membership & Minor's Release Form (All signatures are to be Notarized)
2. Junior High Division Membership Form (School Official must sign above)
3. Copy of Current Report Card
4. Social Media Policy
5. Mail fees & originals to address below

Membership Fees \_\_\_\_\_ \$50

Mail to: **OJHD**  
**C/O Kelli Rose**  
**35694 Embree Bridge LN**  
**Burns, OR 97720**