OREGON JUNIOR HIGH DIVISION

MEMBERSHIP AP	PLICATION—2021-2022	
Full Name	NJHD#	
Cell Number if available	(to be compl	eted by state secretary)
Shirt SizeCoat Size		
SCHOOL OFFICIAL MUST SIGN THIS VERIFICATIO	N:	
School		
PhoneEmail		
Grade in School School's Grading Period: G	uarterlyTrimesterSemester_	Other
on regular school requirements and behavior standards. I ce Association's GRADE AND CONDUCT qualifications. (Curre standing; not ruled undesirable for misconduct at schoolal students must provide proof of enrollment from an accre membership forms.	nt grade and conduct requirements only <i>S</i> e or have passing grades in four subjects)	tudents must be in good Home schooling
Signed:(Superintendent, Printendent, P	Date ipal, Counselor, or Secretary)	
(Superintendent, Prind	ipal, Counselor, or Secretary) RIFICATION:	
(Superintendent, Prince BOTH PARENTS/GUARDIANS MUST SIGN THIS VE I certify thatisyears of age. His Further, we, the Parents/Guardians of staff of the hospital, and or advance emergency care individu treatment for injuries he or she may incur while participating if Oregon. We understand that each contestant must be and is physicians on the medical staff, emergency-care individuals, negligence.WE HAVE READ THIS DOCUMENT, AND WE L	ipal, Counselor, or Secretary) RIFICATION: /her birth date being theday of give any hospital and the phy als (EMT or equivalent) to administer NECE h any OREGON JUNIOR HIGH DIVISION covered by medical insurance. We hereby rodeo sponsors, and stock contractors from NDERSTAND IT IS A RELEASE OF ALL C	, (year). sicians on the medical SSARY EMERGENCY approved rodeos in release any hospital, n all liability, except with
(Superintendent, Printerson (Superintendent, Printerson BOTH PARENTS/GUARDIANS MUST SIGN THIS VE I certify that isyears of age. His Further, we, the Parents/Guardians of staff of the hospital, and or advance emergency care individual treatment for injuries he or she may incur while participating is Oregon. We understand that each contestant must be and is physicians on the medical staff, emergency-care individuals, negligence.WE HAVE READ THIS DOCUMENT, AND WE U APPRECIATE AND ASSUME ALL RISKS INHERENT IN RC	ipal, Counselor, or Secretary) RIFICATION: /her birth date being theday of give any hospital and the phy als (EMT or equivalent) to administer NECE in any OREGON JUNIOR HIGH DIVISION covered by medical insurance. We hereby rodeo sponsors, and stock contractors from NDERSTAND IT IS A RELEASE OF ALL C DEOX	, (year). sicians on the medical SSARY EMERGENCY approved rodeos in release any hospital, n all liability, except with
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35694 Embree Bridge LN Burns, OR 97720