

KENTUCKY HIGH SCHOOL RODEO ASSOCIATION

Junior High Entry Form

Hazel Fall Rodeo 1 & 2

August 22 & 23, 2020

NOTE!! There is a \$25.00 Service Fee on all Returned Checks.

NAME: _____ Grade: _____
 PARENTS _____
 ADDRESS _____
 CITY _____ PHONE _____
 STATE _____ ZIP _____

Place an "X" beside 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	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	_____
<input type="checkbox"/>	<input type="checkbox"/>		RR Partner	_____
<input type="checkbox"/>	<input type="checkbox"/>	\$25	Team Roping	_____
<input type="checkbox"/>	<input type="checkbox"/>		TR partner	_____

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 Hazel, 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 _____ **NOT REQUIRED FOR THIS RODEO** (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/family	\$15.00
Total	\$

Entry fees can be submitted via PayPal (friends/family) OR at rodeo check-in.

ALL ENTRIES MUST BE RECEIVED BY Friday, August 7 @ noon

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.