

KENTUCKY JR HIGH SCHOOL RODEO ASSOCIATION

Liberty, KY - Central KY Ag Expo Center
MAR 24-25, 2018

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

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

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!**

| SAT | SUN | fee | Events | Parent Signature |
|-------|-------|------|--------------------|------------------|
| _____ | _____ | \$30 | Girls Breakaway | _____ |
| _____ | _____ | \$30 | Boys Breakaway | _____ |
| _____ | _____ | \$30 | Saddle Bronc Steer | _____ |
| _____ | _____ | \$30 | Bareback Steer | _____ |
| _____ | _____ | \$30 | Girls Goat Tying | _____ |
| _____ | _____ | \$30 | Boys Goat Tying | _____ |
| _____ | _____ | \$30 | Pole Bending | _____ |
| _____ | _____ | \$30 | Barrel Racing | _____ |
| _____ | _____ | \$30 | Chute Dogging | _____ |
| _____ | _____ | \$30 | Calf Roping | _____ |
| _____ | _____ | \$60 | JR Bull Riding | _____ |
| _____ | _____ | \$30 | Ribbon Roping | _____ |
| _____ | _____ | | RR Partner | _____ |
| _____ | _____ | \$30 | Team Roping | _____ |
| _____ | _____ | | 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. 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 _____ (Supt., Principal, Designee or National Director)

Example: Barrels both days \$60 -- Bull Riding both days \$120 + Office fees, passes, etc.

events entered above _____ x \$30 ef (timed events) per performance = _____
 # events entered above _____ x \$60 ef (rough stock) per performance = \$ _____
 Office Fee \$10.00

MANDATORY Stalls \$50 each per weekend(Include 1 bag of shavings) x _____ number of stalls= \$ _____
 Hook ups are available for \$45 per weekend _____ # of hook up x \$45 = \$ _____
 Ground Fee(Replaces arm bands. Mandatory per family) \$ 15.00

Grand Total \$ _____

Make check payable to KHSRA and mail to: Michelle Conkwright 10450 US HWY 431 S. Dunmor KY 42339

ALL ENTRIES MUST BE POSTMARKED NO LATER THAN FEB 17, 2018

NO EXCEPTIONS

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.