## KENTUCKY HIGH SCHOOL RODEO ASSOCIATION PARENT MEMBERSHIP ---- 2024-2025

	Association. As members, we will be able to vote and have other opportunities to be part of
the association and support o	ur student athletes.
One Parent	\$25.00
Name	
Both Parents	\$35.00
Name	
Name	
<mark>It is re</mark>	quired that at least one parent be a voting member of the association.
*******	***************************************
ŀ	ENTUCKY HIGH SCHOOL RODEO ASSOCIATION PHOTO RELEASE 2024-2025
	ake photographs of me and my child in connection with the above-identified subject. I ns and transferees to copyright, use and publish the same in print and/or electronically.
•	e such photographs of me with or without my name and for any lawful purpose, including for ustration, advertising, and Web content.
I have read and understand the	ne above:
Member Signature	Printed name
Signature, parent or guardian	(if under age 18)
Date	
	KENTUCKY HIGH SCHOOL RODEO ASSOCIATION MEDICAL RELEASE 2024-2025 ians of:
Please pr	int name of Contestant
or State Board chooses for er	Ins on the medical staff of the hospital and ambulance attendants that the Qualifying Rodeo mergency treatment, permission to administer NECESSARY EMERGENCY treatment for while participating in the state approved activities.
	testant <b>must be and is</b> covered by medical insurance. We hereby release the designated dical staff, ambulance attendants, EMT's, all rodeo sponsors and committees from all
Date: Signed:	AND
(Parent or guardian must sigr	regardless of age of Contestant)
IF only one parent i	is signing the form, they must note the reason on the signature line.

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