



UTAH HIGH SCHOOL RODEO ASSOCIATION MEMBERSHIP QUALIFYING RODEO ENTRY FORM FOR COWBOYS

UHSRA BACK # _____

CONTESTANT (APPLICANT) NAME: _____
 CLUB: _____ SS #: _____
 ADDRESS: _____ HOME PHONE NUMBER: (____) _____
 CITY, ST ZIP: _____ PARENT'S CELL NUMBER: (____) _____
 EMAIL: _____ Are you a ROOKIE? (1st yr. member) Y____ N____
 BIRTHDATE: _____ AGE: _____ SCHOOL: _____ GRADE: _____
 MOTHER'S NAME: _____ FATHER'S NAME: _____
 (PLEASE PRINT) (PLEASE PRINT)

SIGNATURE OF BOTH PARENTS (If only one, must state FULL CUSTODY, GUARDIAN or DECEASED) MUST BE AT THE RIGHT OF EACH EVENT ENTERED
 (PARENTS SIGNATURES on lines next to each event of contestant participation)

BAREBACK	X
	X
SADDLEBRONC	X
	X
BULLS	X
	X
STEER	X
WRESTLING	X
TIE DOWN	X
ROPING	X
CUTTING	X
	X
REINING COW	X
HORSE	X
TEAM ROPING	X
	X
TRAP SHOTGUN	X
	X
LIGHT RIFLE .22	X
	X

UTAH MEMBERSHIP DUES \$25.00

**COMPLETE ALL BLANKS AND SIGNATURES AND
HAVE ENTRY FORM NOTARIZED**

I do certify this student meets all Utah High School Rodeo Association's grade and conduct qualifications of a 2.0 grade point average with no more than one F as well as being in good standing with our school. I am aware that I may contact the UHSRA state secretary if I feel that there are conduct problems that should prohibit this student from participating in UHSRA activities at any time during the school year.

SIGNED:
 X _____
 PRINCIPAL OR DESIGNEE, OR NATIONAL DIRECTOR

signed the foregoing application for entrance in the Utah High School Championship Rodeo's qualifying rodeos for the state of Utah, who upon their oath disposes and says that: We hereby give our permission for said applicant to participate in said rodeos and agree to hold all Utah qualifying rodeos, the UHSRA and all other persons and organizations blameless from any liability whatsoever by reason of his/her participating in said rodeos; we, the undersigned parents or guardian(s) of the above named applicant, and the applicant give the local hospital and the physicians on the medical staff of the hospital permission to administer the necessary emergency treatment for injuries he/she may incur while participating in the UHSRA qualifying rodeo(s) and hereby release the local hospital and physicians on the medical staff, any rodeo sponsors, organizations or other persons of all liability.

X _____
 CONTESTANT

X _____
 FATHER

X _____
 MOTHER

The State of Utah County of _____

Subscribed and sworn to before me this _____

day of _____, AD 20____

My Commission Expires: _____

X _____
 NOTARY