**MINNESOTA HIGH SCHOOL RODEO ASSOCIATION**

** ONE-TIME ENTRY FORM - - FOR NON-MEMBERS ONLY**

Complete this form and bring it with to check in at the rodeo. Then also email [mnhsra.rodeo@gmail.com](mailto:mnhsra.rodeo@gmail.com) so we know you are coming for the 1x membership. You will need to check the website at www.mnhsrodeo.com to see the information sheet for the rodeo you are entering. You will need to be there for the check-in time with the secretary, dressed in full western attire & attend the student meeting & comply with all the rules for MNHSRA to compete as a 1X entry. If you have questions, you need to ASK! Enjoy your 1X entry with MNHSRA & we hope you consider joining our association.  **PLEASE PRINT & COMPLETE ALL AREAS**

Contestant Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_ Sex- M \_\_\_ or F \_\_\_

Birth date \_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_\_ School Attending \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents Names\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents Cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parents Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contestant Cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contestant Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\* \* \* \* \* \* \* BOTH PARENTS MUST SIGN ON THE LINE BY EACH EVENT YOU ENTER \* \* \* \* \* \* \***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Events** | **Who can enter?** | **DAY 1** | **DAY 2** | **DAY 3** | | **Father Signature** | **Mother Signature** |
| Barrel Racing | HS-G, JH-G |  |  |  | |  |  |
| Pole Bending | HS-G, JH-G |  |  |  | |  |  |
| Goat Tying | HS-G, JH-G&B |  |  |  | |  |  |
| Breakaway | HS-G, JH-G&B |  |  |  | |  |  |
| Tie Down Roping | HS-B, JH-B |  |  |  | |  |  |
| Steer Wrestling | HS-B |  |  |  | |  |  |
| Chute Dogging | JH-B |  |  |  | |  |  |
| Ribbon Roping | JH-G&B |  |  |  | |  |  |
| Team Roping | HS-G&B, JH-G&B |  |  |  | |  |  |
| Bareback | HS-B |  |  |  | |  |  |
| Saddle Bronc | HS-B |  |  |  | |  |  |
| Bareback Steer Riding | JH-B |  |  |  | |  |  |
| Saddle Steer Riding | JH-B |  |  |  | |  |  |
| Bull Riding | HS-B, JH-B |  |  |  | |  |  |
| Reined Cow Horse | HS-G&B |  |  |  | |  |  |
| Cutting | HS-G&B |  |  |  | |  |  |
| Light Rifle Shooting | HS-G&B, JH-G&B |  |  |  | |  |  |
| Trap Shooting | HS-G&B |  |  |  | |  |  |
| **GROUNDS FEE:**  (See Info Sheet) | | $  **Complete and bring form to check in at the rodeo.**  **Email** [**mnhsra.rodeo@gmail.com**](mailto:mnhsra.rodeo@gmail.com) **as soon as you know you are going to do 1x membership.** | | |
| **OFFICE FEE:**  (See Info Sheet) | | $ | | |
| **ENTRY FEE:** # of events x # of days x $25 | | $ | | |
| **1X INSURANCE FEE:** | | $ 17.00 | | |
| **TOTAL FEES:** MAKE CHECK TO MNHSRA | | $ | | |

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As a member of the Minnesota High School Rodeo Association, I am required to submit certification to the organization that I am a student at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in good standing and not ruled undesirable for misconduct within the school I attend. I also have achieved passing grades of at least 70% within all classes I have been enrolled in, or I meet the state activity requirements of Minnesota.

Contestant Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_

Signed Father :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Signed Mother :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

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We, the parent(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give the local

**MOTHER & FATHER's NAMES CONTESTANT’S NAME**

hospitals of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ & any other rodeo held by the MNHSRA and physicians on the medical staff of the previously named local hospitals, permission to administer NECESSARY EMERGENCY treatment for the

injuries \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ may incur while participating in any or all of the events/clinics/schools

. **CONTESTANT’S NAME**

held by the MNHSRA and physicians on the medical staff of any local hospital and the rodeo sponsors from all liability except for negligence.

Signed Father :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Signed Mother :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

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By applying for and receiving a 1X membership in MNHSRA, we hereby agree to follow all rules and guidelines set forth by the Region, the Minnesota High School Rodeo Association and the National High School Rodeo Association and to abide by all decisions and rulings of the governing committees and boards of these associations.

Contestant Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_

Signed Father :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Signed Mother :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

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On this \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_\_, before me, personally appeared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

to me known to be the persons who executed the foregoing Release and acknowledged that they signed same as their free act and deed.

**Notary Public**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Both parents and member or legal guardian must sign this form in the appropriate places above. If only one parent is signing, please note reason on signature

line. For example, DECEASED, DIVORCED AND FULL CUSTODY, ETC. All signatures must be witnessed by a notary and listed as personally appearing in the

appropriate place on the form. Be sure that notary signs, dates and places his/her seal on the form. Please return original Minor’s Release form to the state/province

secretary with membership application and fees.