

Nebraska High School Rodeo Membership Application

PLEASE PRINT CLEARLY OR TYPE and **ALL** PARTIES NEED TO SIGN FORMS BEFORE SUBMITTING

Name: _____ Rookie ___ Renewing ___

Address: _____ Age _____ DOB ___/___/___

City, State, Zip: _____ Male ___ Female ___

Home #: _____ Parent Cell #: _____ Member Cell #: _____

Parent _____ Member _____

E-Mail Address: _____ Email Address: _____

School: _____ Town: _____ Grade: _____

The Nebraska Rule Book & Membership Directory is published each year for members only. Initial if you **DO NOT** want to be listed. _____

As a competing member, you are eligible to enter any of the events for your gender. Check the events that you plan to enter during the 2020-21 season of the Nebraska High School Rodeo Association. You will only be allowed to compete in events that are checked.

Boys Events

- _____ Bareback Riding
- _____ Saddle Broncs
- _____ Bull Riding
- _____ Tie Down Roping
- _____ Steer Wrestling
- _____ Boys Cutting
- _____ Team Roping
- _____ Reined Cow Horse

Girls Events

- _____ Barrel Racing
- _____ Breakaway Roping
- _____ Pole Bending
- _____ Goat Tying
- _____ Queen Contest
- _____ Girls Cutting
- _____ Team Roping
- _____ Reined Cow Horse

We, the undersigned, hereby grant permission that the below named applicant may compete in the above checked events for their gender during the current membership season of the Nebraska High School Rodeo Association. That we hold all sponsoring organizations and individuals harmless from any liability whatsoever by reason of his or her participation in said event(s) or rodeo(s). In case of injury, permission is hereby given for any doctor, hospital or paramedic professional to render whatever examination or treatment that may be necessary on behalf of said contestant participant. We, also, acknowledge that we are familiar and approve the rules of the National High School Rodeo Association(NHSRA) as well as the rules of the Nebraska High School Rodeo Association(NeHSRA) and will abide by said rules on behalf of named contestant member. We acknowledge that the information on this application is true and correct and that the contestant member meets the qualifications for membership in the NHSRA/NeHSRA.

Printed Name of Natural Father/Guardian

Signature of Natural Father/Guardian

Printed Name of Natural Mother/Guardian

Signature of Natural Mother/Guardian

Printed Name of Contestant Member

Signature of Contestant Member

On this _____ day of _____, 20____, before me personally appeared _____

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

Notary Public Signature

My Commission Expires: