

Timber Lake High School Practice Rodeo

Saturday, May 29th

Performance 12:00 pm MST

FORM MUST BE POSTMARKED BY MAY 14TH, 2021

Contestant Name: _____ Address: _____

Contact Number: _____ School/Team: _____

2020-2021 NHSRA Card # _____

ENTRY FEES:

TIMED EVENTS: \$40

ROUGH STOCK: \$50

CHECK THE EVENT/EVENTS YOU WISH TO ENTER, PARENT'S SIGNATURE REQUIRED

PERFORMANCE

PARENT'S SIGNATURE

____ Barrel Racing

____ Pole Bending

____ Goat Tying

____ Breakaway

____ Team Roping

HEADER _____

HEELER _____

____ Steer Wrestling

____ Calf Roping

____ Bareback

____ Saddle Bronc

____ Bull Riding

____ TOTAL

MAKE CHECK OR MONEY ORDER PAYABLE TO: **TIMBER LAKE HIGH SCHOOL RODEO CLUB**

SEND ENTRIES TO: Amy Sandquist ~ 12519 SD Hwy 63 ~ Trail City, SD 57657

TLHSR Club and TLRA will not be liable for any injuries to contestants or livestock while participating in or on the rodeo grounds.

We the parents of _____ (name of contestant) give the local hospital and the Physicians on the medical staff of the Hospital permission to administer NECESSARY EMERGENCY treatment for injuries he/she may incur while participating in the SDHSRA practice rodeo. We understand that each contestant must be and is covered by medical insurance. We here by release the hospital, physicians and the medical staff and the RODEO SPONSORS from all liability.

CONTESTANT SIGNATURE: _____ Date _____

PARENT SIGNATURE: _____ Date _____

I certify that this student meets current grade and conduct requirements as set forth by the National High School Rodeo Association. The student must be passing in 70% of the classes they are taking to be eligible.

Signed: _____ (Superintendent or Principal)