

2023 Philip High School Practice Rodeo

May 7, 2023

(Entry Deadline: April 24, 2023)

Perf. Starts 10:00 AM

(Register by 9:30 AM)

Email or Mail Entry To:

Reed Johnson

PO Box 250

Philip, SD 57567

Email: reed.johnson@k12.sd.us

Cell: 605-204-0871

1st Place: Buckle 1st – 4th: Cash Payout Boys & Girls All Around Prizes

Entry Fees: Timed Events-**\$30 (Capped to first 150 total Timed Events Entries)** Rough Stock- **\$45 (No Cap)**

Name: _____

Address: _____

2022/2023 NHSRA Card No. _____

Phone and/or Cell # _____

School You Attend _____

E-Mail Address: _____

EVENTS

PARENTS SIGNATURE

_____ BARRELS \$30 _____

_____ POLES \$30 _____

_____ GOAT TYING \$30 _____

_____ BREAKAWAY ROPING \$30 _____

_____ SADDLE BRONCS \$45 _____

_____ BULL RIDING \$45 _____

_____ BAREBACKS \$45 _____

_____ STEER WRESTLING \$30 _____

_____ CALF ROPING \$30 _____

_____ TEAM ROPING \$30 _____

_____ TR Partners name: _____

_____ **Total Fees (Add \$5 for Office Fee) MAKE CHECKS TO: Philip High School Rodeo Club**

Jackpot offered (\$5 per event): pay in cash day of at registration

WAIVER OF LIABILITY

PHILIP PRACTICE RODEO COMMITTEE WILL NOT BE LIABLE FOR ANY INJURIES TO CONTESTANTS OR HORSES WHILE PARTICIPATING, 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 or she may incur while participating in the SDHRA practice rodeos. We understand that each contestant must be and is covered by medical insurance. We here by release the hospital, physicians on the medical staff, and the RODEO SPONSORS from all liability.

CONTESTANTS SIGNATURE _____

PARENTS SIGNATURE _____

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 70 % of classes taking to be eligible to compete.

Signed: _____ **(Superintendent or Principal)**