

**SOUTH DAKOTA HIGH SCHOOL RODEO ASSOCIATION STANDARD PRACTICE RODEO  
FORM-01**

NAME OF PRACTICE RODEO \_\_\_\_\_  
DATE: \_\_\_\_\_ ENTRY FEE PER EVENT \_\_\_\_\_

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
2011 NHSRA CARD NO: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
SCHOOL YOU ATTEND \_\_\_\_\_

**\*\*\*Make sure that you are there by the check in time deadline to be eligible to compete!**

<b>EVENTS</b>	<b>PARENTS SIGNATURE</b>
____ QUEEN	_____
____ BARRELS	_____
____ POLES	_____
____ GOAT TYING	_____
____ BREAKAWAY ROPING	_____
____ BOYS CUTTING	_____
____ BAREBACK	_____
____ SADDLE BRONC	_____
____ BULL RIDING	_____
____ CALF ROPING	_____
____ STEER WRESTLING	_____
____ TEAM ROPING	_____
____ HEADER	_____
____ HEELER	_____
____ \$TOTAL	_____

Do you wish to be included in the jackpot? \_\_\_ Yes \_\_\_ No Include with fees

**WAIVER OF LIABILITY:**

\_\_\_\_\_ PRACTICE RODEO COMMITTEE WILL NOT BE LIABLE FOR ANY INJURIES TO CONTESTANTS OR HORSES WHILE PARTICIPATING, OR ON THE RODEO GROUNDS. We the parents or guardian 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 SDHSRA 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)**