

**AMITE HS RODEO
MAY 10&11, 2019
AMITE, LA**

**PLEASE TYPE OR PRINT FILL IN COMPLETELY & SIGN!
DO NOT STAPLE PAYMENT TO THIS FORM!**

NAME: _____ AGE: _____ GRADE: _____

ADDRESS: _____ SCHOOL: _____

CITY, STATE, ZIP: _____

HOME PHONE: _____ NHSRA CARD NUMBER: _____

PARENTS MUST SIGN BY EACH EVENT ENTERED OR ENTRY FORM WILL BE RETURNED!!!!

<p>(X) BOYS EVENTS (FEES) (Parents Signature)</p> <p>_____ BB Bareback Riding \$30.00 _____</p> <p>_____ SB Saddle Bronc \$30.00 _____</p> <p>_____ BR Bull Riding \$30.00 _____</p> <p>_____ CR Calf Roping \$30.00 _____</p> <p>_____ SW Steer Wrestling \$30.00 _____</p> <p>_____ TR Team Roping \$30.00 _____</p>	<p>(X) GIRLS EVENTS (FEES) Parents Signature)</p> <p>_____ BA Barrel Racing \$30.00 _____</p> <p>_____ PB Pole Bending \$30.00 _____</p> <p>_____ GT Goat Tying \$30.00 _____</p> <p>_____ BK Breakaway Roping \$30.00 _____</p> <p>_____ TR Team Roping \$30.00 _____</p>
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I am a HEADER _____ HEELER _____ mark one.

I am a HEADER _____ HEELER _____ mark one.

PARTNER'S NAME _____

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X _____ FINALS AWARD FEE \$5.00 (Mandatory fee per rodeo) X _____ FINALS AWARD FEE \$5.00 (Mandatory fee per rodeo)

X _____ MAIL-IN'S ENTRY FEE \$5.00 (Per rodeo entered) X _____ MAIL-IN'S ENTRY FEE \$5.00 (Per rodeo entered)

"We the parents or guardians of _____ (name of contestant) give the : _____ (name of local hospital) 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 _____ High School Rodeo. We understand that each contestant must be and is covered by medical insurance. We hereby release the _____ (name of local hospital) the (local) hospital, Physicians on the medical staff, and the Rodeo Sponsors from all Liability.

SIGNED: _____ (FATHER) _____ (CONTESTANT)

and _____ (MOTHER)

____ Yes, I need all my events on one night Friday Saturday (Cutting is excluded)

____ Yes, I need to be up the same night as _____, traveling partner

____ Please split my events as follows: _____

Mail to: MHSRA P.O. BOX 454 WATSON, LA 70786
MUST HAVE ALL SIGNATURES & FEES
MUST BE POST MARKED BY APRIL 30, 2019