**8th District Idaho High School Rodeo Association**

**2020 Spring Rodeo Entry Form**

Contestant Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complete Address

*May enter one rodeo or multiple rodeos per sheet*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

School Grade

**ENTRIES DUE 3/6/20**

* **QUEEN CONTEST**  $32 April 11th at 11 am in Preston

**\*\*\*\**CURRENT REPORT CARD MUST BE SUBMITTED WITH FIRST ENTRY FORM*\*\*\*\***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Rodeo** | **Date** | **Time** | * all that apply

**Entry****Due Date** | Bareback Riding | Saddle Bronc Riding | Bull Riding | Tie Down Roping | Steer Wrestling | Pole Bending | Barrel Racing | Goat Tying | Breakaway Roping | Team RopingHeader | Team RopingHeeler | Team Roping is enter once$24 per man**MUST ENTER WITH A PARTNER**List Partner Name |
| MV – Downey | April 24 | 7:00 pm | 4/3/20 |  |  |  |  |  |  |  |  |  |  |  |  |
| MV – Downey | April 25 | 10:00 am | 4/3/20 |  |  |  |  |  |  |  |  |  |  |  |  |
| C – Grace | May 1 | 7:00 pm | 4/10/20 |  |  |  |  |  |  |  |  |  |  |  |  |
| C – Grace | May 2 | 10:00 am | 4/10/20 |  |  |  |  |  |  |  |  |  |  |  |  |
| C – Grace | May 8 | 7:00 pm | 4/17/20 |  |  |  |  |  |  |  |  |  |  |  |  |
| C – Grace | May 9 | 10:00 am | 4/17/20 |  |  |  |  |  |  |  |  |  |  |  |  |
| BL – Afton | May 15 | 7:00 pm | 4/24/20 |  |  |  |  |  |  |  |  |  |  |  |  |
| BL - Afton | May 16 | 10:00 am | 4/24/20 |  |  |  |  |  |  |  |  |  |  |  |  |
| BL-Montpelier | May 21 | 7:00 pm | 5/1/20 |  |  |  |  |  |  |  |  |  |  |  |  |
| BL-Montpelier | May 22 | 2:00 pm | 5/1/20 |  |  |  |  |  |  |  |  |  |  |  |  |
| BL-Montpelier | May 23 | 10:00 am | 5/1/20 |  |  |  |  |  |  |  |  |  |  |  |  |

**EACH ENTRY FORM MUST BE NOTORIZED, SIGNED BY SCHOOL OFFICIAL, BOTH PARENTS & CONTESTANT, & INCLUDE PAYMENT TO BE ACCEPTED!**

*MAKE CASHIERS CHECK OR MONEY ORDER PAYABLE TO 8TH DIST IHSRA*

**ENTRIES MUST BE RECEIVED BY DUE DATE (NOT POSTMARKED BY DUE DATE!)**

*TO: LYNETTE SMITH, 342 SMITH LN, MONTPELIER, ID 83254*

*208-847-5486*

 Number of events entered \_\_\_\_\_\_\_\_\_ Total of ’s

 Entry Fee Per Event x \_\_\_$24\_\_\_

**Total fees due w/ entry form = \_\_\_\_\_\_\_\_\_**

**LATE ENTRIES WILL BE ACCEPTED WITH A $10 LATE FEE PER EVENT, UNTIL 7 PM, 1 WEEK AFTER DUE DATE, NO EXCEPTIONS!**

**PARENTS & CONTESTANTS – PLEASE READ & SIGN:**

 I understand that (1) failure of a contestant or his or her parents to follow the chain-of-command or (2) violation of any NHSRA rule or ground rule shall result in probation or immediate disqualification of the contestant and (3) any returned checks will result in a cash only basis, $25 returned check fee, and contestant will not be allowed to compete until taken care of.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’ssignature Date Parent’s signature Date Contestant’s Signature Date

**CERTIFICATION OF ELIGIBLILTY:** *I certify that this student has a minimum of a 2.0 GPA and is in good standing with the school.*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

School Official Position or title Date

**WAIVER OF LIABILITY: MUST BE SIGNED BY CONTESTANT AND BOTH PARENTS AND BE NOTORIZED.**

We the parents of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give the nearest hospital permission to administer necessary emergency treatment for injuries he or she may incur while participating in the 8th District high school rodeos. We understand that each contestant must be, and is covered by medical insurance. We hereby release the hospital, physicians, ambulance service, EMTs, rodeo sponsors, and stock contractors from all liability. We further do hereby release the 8th District IHSRA, its officials, directors, and volunteers, from all liability for injuries he/she, and/or property may sustain.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s signature Date Parent’s signature Date Contestant’s Signature Date

On this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_­­­2020, before me personally appeared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

to me known to be the persons who have executed the foregoing release and acknowledged they signed same as their free act and deed.

My commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Notary Public \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_