

Michigan High School Rodeo Association Entry Form

Rodeo Location: Tom's Western Store Arena, Ovid, MI

Date: Saturday May 6, 2017

Performance Times Noon and 5:00 pm

Check - In (9:30 - 10:30 am) All contestants must check-in

Name _____ Age _____ Grade _____
 Address _____ Phone _____
 City _____ State _____ Zip _____

Parent or Guardian's Complete Signature Must Appear Opposite Each Event Entered

(Place an 'X' for each event you are entering)

Boy's Events

Girl's Events

<u>Noon</u>	<u>5:00</u>		<u>Noon</u>	<u>5:00</u>
_____	_____	Bareback	_____	_____
_____	_____	Bull Riding	_____	_____
_____	_____	Calf Roping	_____	_____
_____	_____	Saddle Bronc	_____	_____
_____	_____	Steer Wrestling	_____	_____
		_____ Team Roping		_____
		_____ Partner		_____

Circle your position: Header Heeler

Medical Release

We, the parents or guardians of _____ give the local hospital and the physicians on staff of the hospital permission to administer necessary emergency treatment for injuries he/she may incur while participating in the Michigan High School Rodeo at Tom's Western Store Arena, Ovid, MI. We understand each contestant MUST be and is covered by medical insurance. We hereby release the local hospital, physicians on the medical staff, and the rodeo sponsors for all liability.

Signed _____ and _____
(Both parents must sign, regardless of the contestant age)

Students Eligibility

I certify that this student meets National High School Rodeo Association's GRADE and CONDUCT qualifications.

Signed: _____ Date: _____
(Supt., Principal, Designee, or National Director)

Call In Tuesday April 25th (Charlie 810-644-2401) between 6:00 - 9:00 pm

<u>Noon Perf</u>		<u>5:00 pm Perf</u>	
MHSRA Treasury	\$30	MHSRA Treasury	\$30
Point Scholarship Fee	\$10	Point Scholarship Fee	\$10
Entry Fee \$ 12 x _____ events	\$ _____	Entry Fee \$ 12 x _____ events	\$ _____
Total Amount Enclosed	\$ _____		

NOTE: ALL HORSE'S MUST HAVE A CURRENT COGGINS