

AHSRA / WRANGLER DIVISION RODEO ENTRY FORM

Name: _____
 Address: _____
 Date of Rodeo: _____ Name of Rodeo: _____
 Grade: _____ AHC # (optional): _____ Back #: _____
 School Name: _____
 School Address: _____

School Release:

I certify that this student meets grade and conduct qualifications and is in good standing at the above named school.

Signed _____ Dated _____
 (Principal)

Parent Release:

“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 except for negligence.

Signed: _____ Signed: _____

(Parent or guardian must sign regardless of age of contestant.)

(\$15 per event/per day)

AHSRA EVENTS	Day 1	Day 2	WRANGLER EVENTS	Day 1	Day 2
Tie down roping	_____	_____	Tie down roping	_____	_____
Bare back riding	_____	_____	Chute dogging	_____	_____
Steer wrestling	_____	_____	Junior bull riding	_____	_____
Bull riding	_____	_____	Barrel racing	_____	_____
Saddle bronc riding	_____	_____	Pole bending	_____	_____
Barrel racing	_____	_____	Girls breakaway roping	_____	_____
Pole bending	_____	_____	Boys breakaway roping	_____	_____
Breakaway roping	_____	_____	Girls goat tying	_____	_____
Goat tying	_____	_____	Boys goat tying	_____	_____
Boys cutting	_____	_____	Ribbon roping	_____	_____
Girls Cutting	_____	_____	Partner _____		
Queen event	_____	_____	Team roping	_____	_____
Team roping	_____	_____	Header _____ Heeler _____		
Header _____ Heeler _____			Partner _____		
Partner _____					