

California High School Rodeo Association

CHSRA District 4 Wrangler Div. Sept. 27, 2008



ENTRY FORM

PM RODEO

Entry Form Information

Rodeo Schedule

Place

Monterey County Posse Grounds
395 Old Natividad Rd. Salinas

CHECK-IN
7:00 AM

RODEO STARTS
Approx. 1:00 PM

Current CHSRA membership card required at check-in
Your current report card must be on file with your membership secretary

1. You must be a member in good standing to enter.
2. Fill in and total the amounts for the events you will be participating in.
3. Complete the "RELEASE OF LIABILITY and MEDICAL AUTHORIZATION" and the "GRADE & CONDUCT VERIFICATION" sections below.
4. **Mail** the entire completed form along with a check for the total **entry fees to: CHSRA – District 4, c/o Karen Ivey 26442 Honor Lane, CA 93908** . If any questions, please call Karen (831) 455-2284, Shana (831)801-7573.
5. **Entries must be postmarked by Sept 13, 2008** U.S. Postal Service "Certificate of Mailing" advised .
(No Metered, Registered, or Certified Mail accepted.)
6. Late entries will be returned unopened.
7. Points awarded for each GO.
8. Only CHSRA Members and Associate Members allowed in all arenas and on horseback. Western attire must be worn.

EVENT	ENTRY FEE	EVENT	ENTRY FEE	
Chute Dogging	\$35	Barrel Racing	\$25	
Jr. Bull Riding	\$45	Pole Bending	\$25	
Tie Down Roping	\$25	Goat Tying	\$25	
Boys Goat Tying	\$25	Breakaway Roping	\$25	
Boys Breakaway	\$25	Ribbon Roping (Roper or Runner)	\$25	
Team Roping (Header or Heeler)	\$25	AMBULANCE FEE (Mandatory)		
Partner:		OFFICE CHARGE		
Make Checks Payable to CHSRA, District 4			TOTAL ENTRY FEES ENCLOSED ... \$	

RELEASE OF LIABILITY and MEDICAL AUTHORIZATION

We the parents or guardians of (write name of contestant) _____, give the Natividad or Memorial hospitals and the Physicians on the Medical Staff of said Hospitals permission to administer NECESSARY EMERGENCY treatment for injuries he or she may incur while participating in the District 4 High School Rodeo in Salinas. We understand that each contestant must be and is covered by medical insurance. We hereby release the Natividad or Memorial Hospital, physicians on the medical staff, the rodeo sponsors and the Monterey County Sheriff's Posse Grounds from all Liability except for negligence.

Signature of Parent or Legal Guardian _____
(Parent or guardian must sign regardless of contestant's age)

Contestant Name (Print) _____

Address _____ City _____ Zip _____

Phone _____ District # _____ CHSRA # _____

School Name and Address _____

GRADE & CONDUCT VERIFICATION

I do certify that this student meets NHSRA and CHSRA Grade and Conduct qualifications (Must have passing grades in 4 classes, if carrying less than 4 classes, passing grades in all): and CHSRA requirements, which are: Student has at least a 2.0 GPA as of the latest "grading period". (Grading period must cover 6 weeks or more.) (Grading period: Quarter, Semester or "Progress Reports" mailed home that are generated 6 weeks or more with ALL current grades and mailed to ALL students.) **NO WALK AROUND GRADES ACCEPTED!** Students must be in good standing; not ruled undesirable for misconduct at school. **I CERTIFY THIS STUDENT HAS A 2.0 GRADE POINT AVERAGE (or better) AS OF THE LAST GRADING PERIOD.**

Signature (Supt.,Principal,designee or National Director) _____ Date _____ Phone _____

Place School Stamp Over Signature

No entry forms will be accepted without signature, school stamp or seal and proof of GPA.