

Bi-Annual Grade *(current Grades after March 15th)* & **conduct report & Medical Release Form (spring)**
Please Print Clearly

NAME _____ SEX: M or F
FIRST MIDDLE LAST

ADDRESS _____

CITY _____ STATE _____ ZIP _____

COUNTY _____ HIGH SCHOOL _____

DATE of BIRTH _____ CEL PH (____) _____ 2nd #(____) _____

SSN : _____ STUDENT EMAIL : _____

MEMBERSHIP : NEW or RENEWAL PARENT EMAIL : _____

X _____ GRADE _____

STUDENT MEMBER SIGNATURE

DATE

CERTIFICATION BY SCHOOL OFFICIAL: twice each year requirement

"I certify that this student meets the national High School Rodeo Association's GRADE & CONDUCT Qualifications(current grade & conduct requirements only)" ***

SIGNED: **X** _____

Superintendent, Principal, Designee, or National Director

Date *(signed after March 15th)*

***NHSRA Grade & Conduct Requirements: Student must have made passing grade in at least 70% of the classes taken, Student must be in good standing, not ruled undesirable for misconduct at school.

*INCLUDE COPIES OF GRADE TRANSCRIPT *(current grades after March 15th)* & AGE CERTIFICATE *(for new members)*

WHSRA EMERGENCY TREATMENT RELEASE:

1) River Rodeo Regional Rodeo, Dubuque, IA / Finley Hospital &/ or Mercy Hospital, Dubuque, IA 2) Arcadia Broiler Days Regional Rodeo, Arcadia WI / Franciscan Skemp Hospital, Arcadia, WI 3) Tomah Regional Rodeo, Tomah WI / Tomah Memorial Hospital, Tomah, WI 4) SW WI Regional Rodeo, Lancaster WI / Grant Regional Health Center, Lancaster WI 5) Richland Center Rodeo, Richland Center WI / Richland Hospital, Richland Center WI

"We the parents or guardians of(enter name of contestant) _____ give the following Hospitals & 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 Hospital/Emergency Medical Center, Physicians on the Medical Staff and the Rodeo sponsors from all Liability except for negligence.

Signed: **X** _____ and **X** _____

Note: BOTH parents/guardian must sign for each contestant - regardless of age or primary placement of contestant. Parent Must indicate if sole custody or one parent is deceased.

On this _____ day of _____ 20____, before me, personally appeared _____ and _____

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

X _____
Notary Public _____ Date _____ My Commission Expires: _____