

Southwest Arkansas High School Rodeo Association

M NM 2011-2012 Membership Form
DIVISION _____ Membership Dues \$70.00 per year GRADE _____

Age as of August 1, 2011

PeeWee Division: Age 4-10 Junior Division: Age 11-14 Senior Division: Age 15-19

Name _____ Age _____ Birth Date _____

Address _____ City _____ State _____ Zip _____

Phone Numbers: (H) _____ (Cell or Other) _____

Parents Names _____

Email: _____

WARNING

UNDER ARKANSAS LAW, AN EQUINE ACTIVITY SPONSOR IS NOT LIABLE FOR AN INJURY TO, OR THE DEATH OF, A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISK OF EQUINE ACTIVITIES.

S.W.A.H.S.R.A. CODE OF CONDUCT

I, the undersigned, agree to abide by the S.W.A.H.S.R.A. code of conduct while on the grounds of any club or arena group hosting a sanctioned rodeo event. Such conduct includes but not limited to: showing respect for all judges, show officials, workers, and other competitors at all times. Abuse of horses as outlined in the AQHA rules will also not be tolerated. No foul or inappropriate language will be tolerated. I, the undersigned, also agree to explain these rules to anyone that is present with me while on the grounds of any club or arena group hosting a sanctioned rodeo event. I also understand that unsportsmanlike behavior on their part can result in actions taken toward me and can cause them to be banded from any or all S.W.A.H.S.R.A. Rodeo events. All unsportsmanlike behavior should be reported to a member of the board. The board will meet at that time to discuss the behavior and make a decision on action that will be taken. I understand that the decision of the board in any manner concerning conduct is final and cannot be protested.

Contestant Sign / Date

Parent or Guardian of minor (under the age of 18 years)

Must be notarized **Medical Release** Must be notarized

I hereby agree to release the Southwest Arkansas High School Rodeo Association or any one associated with the organization of all responsibility in case of accident, injury or death to my child _____ during the rodeo year 2011-2012. I hereby grant and authorize permission for my child to be transported to a hospital and given medical treatment by any doctor and/or medical personnel and hereby release said doctor and/or medical personnel for transporting or administering necessary treatment.

Parent/Guardian signature _____

Person to contact other than Parents or Guardian _____

Sworn and Subscribed to me in my presence this _____ day of _____ 20 _____

NotaryPublic _____ In and for _____ County/Parish In The State of _____

Southwest Arkansas High School Rodeo Association

GOOD CONDUCT STATEMENT

2011-2012

Name _____ Age _____ Birth Date _____

City _____ State _____ Zip _____

Parents Names _____

Must be signed by School Representative

I, the undersigned, do hereby certify that _____

is a student in good conduct standing and enrolled in the _____ grade at

_____ school.

Signature of Principal or Superintendent _____ Date _____

CONTACT INFORMATION FOR SCHOOL ABOVE:

Phone Number: _____ Other: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Thank You for your help. S.W.A.H.S.R.A.