

2017 WYOMING AMERICAN LEGION
HIGH SCHOOL RODEO FINALS
SHOOTING ENTRY FORM

NAME:		BACK #	
WHSRA MEMBERSHIP #			
MAILING ADDRESS:			
CITY, STATE, ZIP		Gender: <input type="checkbox"/> F <input type="checkbox"/> M	
Phone No.:			
High School Name:		Grade(circle) 9 10 11 12	
Publicity, Background Information (Hobbies, interests, awards- This is for the announcer)			
EVENT		PARENTS	AMNT
		SIGNATURE(requires BOTH)	\$
Light Rifle	\$25		
Trap Shooting	\$25		
		TOTAL DUE	
	Administraive Fee \$1.00 per Person (if not in another arena event)		\$1
	(Include in Total Fees on Official Entry Form)	TOTAL	
*STOCK CHARGES, ADMINISTRATION FEES & JACKPOT FEES-(cashier's check or money order made payable to WHSRA)			
In consideration of being allowed to compete in the WHSRA State Finals Rodeo, the Contestant agrees to abide by and comply with all rules and the Rules, Consitution and By-Laws of the National High School Rodeo Assn. All above information is correct.			
Contestant Signature			

Due - Postmarked May 22nd, 2017

WAIVER OF LIABILITY
FILL OUT COMPLETELY

WE, THE UNDERSIGNED, PARENTS (SURVIVING PARENT OR GUARDIAN) OF :

Name of Contestant

A minor, do hereby release and discharge THE WYOMING HIGH SCHOOL RODEO ASSOCIATION, THE AMERICAN LEGION HIGH SCHOOL RODEO COMMITTEE, THE AMERICAN LEGION, DEPARTMENT OF WYOMING, IT'S POSTS, OFFICERS, AGENTS AND EMPLOYEES, from any and all claims, demands, damages suits, actions, or causes of action which we (I) may, can or shall have by reason of any illness, injury or accident incurred or suffered by said son (or daughter) while participating in the WYOMING CHAMPIONSHIP HIGH SCHOOL RODEO to be held:

JUNE 5 THRU JUNE 10, 2017, ROCK SPRINGS, WYOMING

WE THE PARENTS OR GUARDIANS OF

Name of Contestant

Give the Sweetwater County Memorial Hospital and the physicians of the Medical Staff of the SCMHS permission to administer necessary emergency treatment for injuries he or she may incur while participating in an approved High School rodeo. We understand that each contestant must be and is covered by medical insurance. We hereby release the Hospital, Physicians on the Medical Staff, and the rodeo Sponsors from all liability.

and _____

(Both parents or Guardian(s) must sign)

This release is complete and full, and is not conditioned upon any act, word or deed by either the undersigned or the sponsoring bodies and individuals of said Rodeo.

Dated this _____ day of _____, 20_____.

(*)

Father's (or Guardian) Signature

Mother's (or Guardian) Signature

Mailing Address

City

State

Zip

Subscribed and sworn to before me, this _____ day of _____, 20_____.

Notary Public

*** (ALL SIGNATURES MUST BE IN FRONT OF THE NOTARY)**

CERTIFICATION OF ELIGIBILITY

I the undersigned, do hereby certify that: _____

Name of contestant

Is a student in good standing, enrolled in _____ High School, and has made passing grades in 70% of the classes taken for the most recent semester/quarter.

Signature of School Official

Date

Position or Title

(Telephone Number)

NOTE:

***THIS CERTIFICATE OF ELIGIBILITY IS YOUR GRADE ELIGIBILITY FOR THE STATE FINALS!
WITHOUT YOUR SCHOOL OFFICIAL SIGNATURE YOU WILL NOT BE ALLOWED TO RODEO!***

***ALL NATIONAL QUALIFIERS WILL BE REQUIRED TO SUBMIT FINAL GRADE TRANSCRIPTS
WITHIN 5 DAYS OF THE COMPLETION OF THE STATE FINALS.***