

2024 Philip High School Practice Rodeo

May 5th, 2024

(Entry Deadline: April 21,2024)

Perf. Starts 10:00 AM

(Register by 9:30 AM)

Email or Mail Entry To:

Reed Johnson

PO Box 250

Philip, SD 57567

Email: reed.johnson@k12.sd.us

Cell: 605-204-0871

1st Place: Buckle 2nd – 4th: Cash Payout Boys & Girls All Around Prizes

Entry Fees: Timed Events- **(Capped to first 150 total Timed Events Entries)** Rough Stock- **(No Cap)**

Name: _____

Address: _____

NHSRA Card No. _____

Phone and/or Cell # _____

School You Attend _____

E-Mail Address: _____

EVENTS

PARENTS SIGNATURE

___ BARRELS \$30 _____

___ POLES \$30 _____

___ GOAT TYING \$30 _____

___ BREAKAWAY ROPING \$30 _____

___ SADDLE BRONCS \$50 _____

___ BULL RIDING \$60 _____

___ BAREBACKS \$50 _____

___ STEER WRESTLING \$30 _____

___ CALF ROPING \$30 _____

___ TEAM ROPING (head or heel) \$30 _____

TR Partners name: _____

_____ **Total Fees (Add \$5 for Office Fee)** **MAKE CHECKS TO: Philip High School Rodeo Club**
Jackpot offered (\$5 per event): pay in cash day of at registration

WAIVER OF LIABILITY

PHILIP PRACTICE RODEO COMMITTEE WILL NOT BE LIABLE FOR ANY INJURIES TO CONTESTANTS OR HORSES WHILE PARTICIPATING, OR ON THE RODEO GROUNDS.

We the parents of: _____ (name of contestant) give the local 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 SDHRA practice rodeos. We understand that each contestant must be and is covered by medical insurance. We hereby release the hospital, physicians on the medical staff, and RODEO SPONSORS from all liability.

CONTESTANTS SIGNATURE _____

PARENTS SIGNATURE _____

I certify that this student meets current grade and conduct requirements as set forth by the National High School Rodeo Association. The student must be passing 70 % of classes taking to be eligible to compete.

Signed: _____ **(Superintendent or Principal)**