

2013-2014 APPLICATION FOR CERTIFICATE OF APPROVAL FOR SANCTIONED HIGH SCHOOL RODEO ACTIVITY

Sanctioned High School Rodeo Location _____

Date of Activity _____ Performance start time(each day) _____

Sponsoring Organization _____

Check one: Practice Rodeo _____ Regional Rodeo _____ Practice Sessions _____

Check only those events to be included:

Bareback Riding	Cutting (boys)	Saddle Bronc Riding
Barrel Racing	Cutting (girls)	Steer Wrestling
Breakaway Roping	Goat Tying	Team Roping
Bull Riding	Pole Bending	Tie Down Roping
	Queen Contest	

Will number of contestants be limited? Yes _____ No _____

Details of limitations: How many and which events _____

Entry Fee cost per event _____ Entry deadline date _____

How many go rounds? _____ Jackpot? Yes _____ No _____

Jackpot fee per event _____

Standard entry form for practice rodeo? Yes _____ No _____ (if no, you must include entry form)

Mail entries to:

Name _____ Street _____

City _____ State _____ Zip _____ *must provide Email _____

We, the undersigned understand the above mentioned Sanctioned High School Rodeo Activity must be approved by the South Dakota High School Rodeo Association, Inc., in order for the contestants to be covered by the National High School Rodeo Association Accident Insurance while participating in the rodeo activity, and we agree to abide by the following rules:

1. All contestants entered in the Activity must have a current NHSRA membership card.
2. Activity may be jackpotted, with the maximum jackpot entry to be \$10/event. Participation in the jackpot will not be mandatory to contestant.
3. No alcoholic beverages will be allowed on the grounds.
4. Compliance to have emergency arena-veterinary service available-first aid at arena.
5. Rules set forth by the NHSRA and SDHSRA.
6. *****Rodeo liability insurance. Regional Rodeos must provide proof of insurance requirements as set by the NHSRA.**
7. All rules in rulebook will be enforced.

Authorized adult in charge of rodeo (print name) _____

Signature _____ Address _____

City _____ State _____ Zip _____ *must provide email _____

Phone number _____ Cell number _____

Name of nearest hospital _____

Hospital address _____

REGIONAL SDHSRA DIRECTOR SIGNATURE _____

(If not convenient for you to obtain, the State Secretary will get this signature for you)

DATE _____

Send this completed form to: SDHSRA: Ann Sundermann PO Box 303 Baltic, SD 57003

Deadline is December 15, 2013

Regional fee of \$250.00 to be enclosed with application (for regional rodeos only)

All information must be complete – DO NOT print "same as last year" or your application may be rejected.