

2017 PHILIP HIGH SCHOOL PRACTICE RODEO

Sunday May 14, 2017

Performance 10:00 AM MST

FORM MUST BE POSTMARKED BY APRIL 26, 2017

TWO ALL-AROUND SADDLES FOR BOY AND GIRL PHILIP/WALL PRACTICE RODEO

NAME: _____
PHONE #: _____
2017 NHSRA CARD #: _____

ADDRESS: _____
TOWN: _____
SCHOOL: _____

ENTRY FEES: **Timed Events: \$25** **Rough Stock: \$45**

CHECK THE EVENT YOU WISH TO ENTER. PARENT'S SIGNATURE REQUIRED.

PARENT'S SIGNATURE

PERFORMANCE

_____ \$25	Barrel Racing	_____
_____ \$25	Pole Bending	_____
_____ \$25	Goat Tying	_____
_____ \$25	Breakaway Roping	_____
_____ \$25	Steer Wrestling	_____
_____ \$25	Team Roping	_____
_____ \$25	Calf Roping	_____
_____ \$45	Saddle Bronc Riding	_____
_____ \$45	Bareback Riding	_____
_____ \$45	Bull Riding	_____

TEAM ROPING: HEADER _____ ; HEELER _____

****YOU MUST LIST TEAM ROPING PARTNER TO ENTER***

MAKE CHECK OR MONEY ORDER PAYABLE TO: PHILIP ARENA ASSOCIATION TOTAL \$ _____

SEND ENTRIES TO: FNB in Philip Attn: Practice Rodeo, PO BOX 910, PHILIP, SD 57567 (605) 859-2525

PHILIP ARENA ASSOCIATION AND PHILIP HIGH SCHOOL PRACTICE RODEO COMMITTEE WILL NOT BE LIABLE FOR ANY INJURIES TO CONTESTANTS OR HORSES WHILE PARTICIPATING, OR ON THE RODEO GROUND.

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 SDHSRA practice rodeo. We understand that each contestant must be and is covered by medical insurance. We here by release the hospital, physicians on the medical staff and the RODEO SPONSORS from all liability.

CONTESTANT SIGNATURE: _____

PARENT'S 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 in 70% of the classes they are taking to be eligible to compete.

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