TRI-STATE HIGH SCHOOL RODEO ASSOCIATION
2009-2010 MEMBERSHIP APPLICATION

(Please Print or Type)

Name: _____ Age as of August 1, 2009 _____
First Middle Last

Mailing Address: _____ Gender (circle one): Male / Female

City: _____ State: _____ Zip Code: _____ Home Phone: _____

Cell phone numbers are not required but please provide the best number for reaching the member or a parent

Member Cell #: _____ Mother Cell #: _____ Father Cell #: _____

Date of Birth: Month _____ Day _____ Year _____ Current Grade in School (circle one): 9 10 11 12

Social Security Number: _____ - _____ - _____ School Type (circle one): Public Private Home

E-mail and the website will be the major forms of sending notices to the membership. Please provide an e-mail address if you would like updates.

Member e-mail: _____ Mother e-mail: _____ Father e-mail: _____

Name of Club You Are Joining: _____ If a club is not listed, you will be placed in the club nearest your hometown.

Years in Tri-State (circle one): 1 2 3 4

Signature of Applicant _____

RELEASE MUST BE NOTARIZED

_____ AND _____
Signature of Father of Applicant Signature of Mother of Applicant

The State of _____ County of _____
Before me, the undersigned authority, a NOTARY PUBLIC IN AND FOR SAID COUNTY AND STATE, on this day personally appeared:

_____ AND _____
Print - Name of Father Print - Name of Mother

Parents of the applicant who have signed the foregoing application for entrance in the Tri-State High School Rodeo Association (TSHSRA), who upon oath, each deposes that: our son/daughter, applicant, is capable and eligible to participate in rodeo work and hereby release the TSHSRA, Stock Contractor, Sponsoring Club, Directors, Officers, or anyone associated with a rodeo from all liability in case of accident or injury to the applicant.

WARNING

UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISK OF EQUINE ACTIVITIES.

SWORN TO and subscribed before me this _____ day of _____ 20 ____

_____ NOTARY PUBLIC in and for _____

COUNTY, STATE OF _____

My commission expires _____

PLEASE RETURN TO: TSHSRA Office
Membership
PO Box 1414
Canyon, TX 79015

PHONE: (806) 655-9910

FOR OFFICE USE ONLY.

Date Received _____

Form of Payment _____

Copy of Transcript Y N

NM packet mailed _____

A COPY OF YOUR MOST RECENT TRANSCRIPT AND THE $50 MEMBERSHIP FEE MUST ACCOMPANY THIS COMPLETED AND NOTARIZED APPLICATION.