



# MARYLAND HIGH SCHOOL RODEO ASSOCIATION STUDENT MEMBERSHIP APPLICATION 2024-2025

## STUDENT INFORMATION:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email (to be used for all MDHSRA communication): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Name of School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

School Street Address: \_\_\_\_\_ County: \_\_\_\_\_

## AREA(S) OF INTEREST

Reined Cow Horse

Breakaway Calf Roping

Barrel Racing

Cattle Cutting

Tie-Down (Calf) Roping

Pole Bending

Team Roping

Goat Tying

Queen Contest

Light Rifle

Trap Shooting

Bareback Riding/Steer

Bareback (JH)

Steer Wrestling/Chute

Dogging (JH)

Bull Riding

Saddle Bronc Riding/Steer

Saddle Bronc Riding (JH)

Mini Bull or Calves

(Mustangs instead of Calf  
Riding)

## PARENT(S) INFORMATION:

Names: \_\_\_\_\_

Street Address (if different from student): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**EMERGENCY CONTACTS:**

Emergency Contact (1)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (Best Contact Number): \_\_\_\_\_

Emergency Contact (2)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (Best Contact Number): \_\_\_\_\_

Emergency Contact (3)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (Best Contact Number): \_\_\_\_\_

**Medications and Allergies:**

**Helpful Medical History:**

Is contestant covered by medical insurance policy? \_\_\_\_\_ (If yes, please provide Insurance information i.e. copy of insurance card.)

**PHOTO RELEASE:**

I give my permission for my child and their equine partner to be video recorded/photographed and his or her video/photo to be used on educational bulletin boards, newsletters, social media and websites including all advertisements for NHSRA/NJHSRA/MDHSRA.

Parent/Guardian Signature: \_\_\_\_\_

**TEXT UPDATES:**

MDHSRA uses a one-way text program called Simple Texting to update members on last minute details (i.e. changes to check-in locations, traffic updates on the way to a rodeo). If you would like to Opt-In to this voluntary communication, please provide a name and cell phone number for each individual to be included. You will be able to Opt-Out at any time if you wish to stop receiving text messages.

Name \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name \_\_\_\_\_ Cell Phone: \_\_\_\_\_