



MARYLAND HIGH SCHOOL RODEO ASSOCIATION STUDENT MEMBERSHIP APPLICATION 2023-2024

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: _____

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