



# Northwest Youth Rodeo Association 2019 Membership Form

**Membership Packets and Fees are due (postmarked) by May 1, 2019. No Exceptions**

## COMPETITOR INFORMATION:

- Returning Member(s)-do not need to provide birth certificate.
- New Member(s)

Competitor Full Name	Gender	Date of Birth	Age as of 01/01/19	Division
	Boy / Girl			
	Boy / Girl			
	Boy / Girl			
	Boy / Girl			

Division is age as of January 1, 2019: **PPW** 4-6 yrs., **PW** 7-10 yrs., **JR** 11-13, **SR** 14-18 yrs.

## SCHOOL VERIFICATION:

(This section for High School & entering High School only)

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

School Phone: \_\_\_\_\_

**School Type:**  Public  Private  Home **Grade for 2018/2019 School Year:**  9  10  11  12  
 Graduated, was enrolled in the 12<sup>th</sup> grade preceding the 2019/2020 rodeo season.

I do hereby certify that the named student(s) is enrolled in the above-named school, is in good standing based on grades and conduct and is eligible to participate in school activities.

\_\_\_\_\_  
**\*\*Signature** (Superintendent, Principal, Counselor or School Secretary) Title Date

\*Home School Only\*

I do hereby verify that \_\_\_\_\_ is meeting proficiency requirements and meets the requirements to be eligible to participate in NWYRA rodeos.

\_\_\_\_\_  
**\*\*Signature** of Parent/Legal Guardian

## PARENT/LEGAL GUARDIAN & MEDICAL INFORMATION:

Parent(s)/Legal Guardian: \_\_\_\_\_

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

Cell #: \_\_\_\_\_

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

Medical Insurance: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ Policy/ID#: \_\_\_\_\_

Group#: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Continued Parent/Legal Guardian & Medical Information.....

The Parent(s)/Legal Guardian of the above-named Competitor(s) give any hospital, the physicians on the medical staff of the hospital, or emergency care individuals (EMT or equivalent) permission to administer necessary emergency treatment for injurie(s) sustained while participating in any Nwyra rodeos. I understand that each contestant must be and is covered by medical insurance. I hereby release any hospital, physicians, emergency-care individuals, Nwyra Officers/all members, rodeo sponsors, and stock contractor from all liability and negligence.

I HAVE READ THIS DOCUMENT, AND UNDERSTAND IT IS A RELEASE OF ALL CLAIMS. I APPRECIATE AND ASSUME ALL RISK INHERENT IN Nwyra RODEO.

\_\_\_\_\_  
**\*\*Signature** of Parent/Legal Guardian

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## YEAR END AWARDS:

Awards Fee is \$100.00 per competitor.

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## MEMBERSHIP FEE:

\$75.00 per competitor; or  
\$125.00 per family (siblings only).

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## COMPLETED DOCUMENTS AND PAYMENTS NEEDED:

1.  Membership Form and Membership Fee; \$\_\_\_\_\_
2.  Copy of Birth Certificate for each competitor (new members only);
3.  Minor Release Form and Waiver of Liability-**Notarized**;
4.  Year-End Awards Form (one for each contestant) and Awards Fee; \$\_\_\_\_\_
5.  Volunteer Form-filled out on website;
6.  Payment of Membership Fee(s) and Awards Fee(s) (check made payable to Nwyra). **Total** \$\_\_\_\_\_

- By signing below, you hereby acknowledge the following:
- All information provide is accurate and valid;
  - You have read, understand and will abide by the rules of the Nwyra; and
  - You accept responsibility for the competitors listed above.

\_\_\_\_\_  
**\*\*Signature** of Parent(s)/Legal Guardian                      Print Relationship                      Date

Mail all documents and payment to:  
**Katie Doran**  
**Nwyra Secretary**  
**P.O. Box 532**  
**Yamhill, OR 97148**