GEORGIA HIGH SCHOOL RODEO ASSOCIATION
WRANGLER DIVISION – JUNIOR HIGH/MIDDLE SCHOOL
PERMISSION SLIP & CERTIFICATION OF ELIGIBILITY

BRING TO THE RODEO OR CLINIC

I, THE UNDERSIGNED , CERTIFY THAT _____IS CURRENTLY ENROLLED AND ATTENDING SCHOOL IN GRADES 6-8 AT_____ SCHOOL. I FURTHER CERTIFY THAT I HAVE **REVIEWED** THE GRADE AND CONDUCT RECORDS AND THAT HE/SHE MEETS THE **ELIGIBILITY** REQUIREMENTS FOR INTERSCHOLASTIC COMPETION AT THIS SCHOOL. FOR HOME SCHOOLED STUDENTS, THIS CERTIFIES THAT HE/SHE IS REGISTERED WITH THE LOCAL BOARD OF EDUCATION AND HAS ABIDED BY THEIR POLICY. THIS CERTIFIES THAT THE ABOVE HAS NOT BEEN **SUSPENDED**, **EXPELLED** OR **VIOLATED** THE RULES OF CONDUCT AT THE ABOVE NAMED SCHOOL.

SIGNED:_____ _____

SUPT., PRINCIPAL, COUNSELOR SCHOOL SEAL OR STAMP

_____ _____

PHONE NUMBER DATE

WAIVER OF ELIGIBILITY

I (WE) THE PARENT OR GUARDIAN OF THE ABOVE NAMED CONTESTANT GIVE THE LOCAL HOSPITAL AND THE PHYSICIANS ON THE MEDICAL STAFF OF THE HOSPITAL PERMISSION TO ADMINISTER NECESSARY EMERGENCY TREATMENT FOR INJURIES HE/SHE MAY INCUR WHILE PARTICIPATING IN THE GEORGIA HIGH SCHOOL WRANGLER DIVISION RODEOS OR CLINICS. I(WE) UNDERSTAND THAT EACH CONTESTANT MUST BE AND IS COVERED BY MEDICAL INSURANCE. I (WE) HEREBY RELEASE THE HOSPITAL, PHYSICIANS ON THE MEDICAL STAFF, THE GEORGIA HIGH SCHOOL RODEO ASSOCIATION, OFFICERS, MEMBERS, SPONSORS, AND ALL CONTRACTORS FROM ANY AND ALL CLAIMS, DEMANDS, SUITS, ACTIONS OR CAUSES OF ACTIONS WHICH I (WE) MAY, CAN, OR SHALL HAVE ANY REASON OF ANY ILLNESS, INJURY, OR ACCIDENT INCURRED OR SUFFERED BY SAID SON OR DAUGHTER OR ANY STUDENT I (WE) MAY BE ACTING AS GUARDIAN FOR WHILE PARTICIPATING, TRAVELING TO AND RETURNING FROM ANY GEORGIA HIGH SCHOOL WRANGLER DIVISION RODEO APPROVED FUNCTION. I (WE) DO ALSO ASSUME AND ACCEPT FULL RISK AND DO HEREBY RELEASE MY (OUR) HEIRS, EXECUTORS, AND ADMINISTRATORS FROM EVER COLLECTING DAMAGE FROM THE ABOVE RISKS OR ACTIONS OR DAMAGES AS MENTIONED ABOVE WHICH OCCUR THROUGH OR BY REASON OF ANY MATTER, THING, CONDITION, NEGLIGENCE OR DEFAULT, OR ANY OF THEM HELD OR GIVEN BY, OR UNDER THE DIRECTION OF THE GEORGIA HIGH SCHOOL RODEO ASSOCIATION, AND STOCK CONTRATORS, AND FACILITY OWNERS AND ALL EMPLOYEES OR WORKERS OF THE AFORE MENTIONED.

AS THE PARENT OR GUARDIAN OF THE ABOVE NAMED CHILD, I (WE) GIVE PERMISSION FOR THE SCHOOL ATTENDED BY MY (OUR) CHILD TO RELEASE GRADES AND CONDUCT REPORTS TO THE STATE SECRETARY OR OTHER DESIGNATED OFFICER OR DIRECTOR OF THE GEORGIA HIGH SCHOOL RODEO ASSOCIATION.

SIGNED:_____ DATE:_____&_____

PARENT OR GUARDIAN PARENT OR GUARDIAN

SIGNED:_____ DATE:_____GHSRA CARD NO.:_____

CONTESTANT

NOTE: THIS IS A STANDARD BUT NECESSARY FORM TO BE COMPLETED IN FULL NOT MORE THAN ONE WEEK PRIOR TO EACH GHSRA WRANGLER DIVISION RODEO OR CLINIC THAT A CONTESTANT WISHES TO PARTICIPATE IN AND SURRENDERED AT THE TIME OF SIGN-IN. FAILURE TO COMPLETE THIS FORM IN FULL OR SURRENDER IT DISQUALIFIES THE CONTESTANT.
INSURED BY SPECIALITY INSURERS, INC.
CLAIM FORMS MAY BE OBTAINED FROM:

AMY WATKINS
1835 POST OAK RD.
RINGGOLD, GA 30736

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