



2019 Membership Form

Contestant Name	Birth Date:	Age: As of <u>Jan. 1, 2019</u>	Male/ Female	Division
1.				
2.				
3.				
4.				

Divisions: Underage (UA) 3-5; Juniors (JR) 6-8; Intermediate (IM) 9-11; Seniors (SR) 12-14

Parents Name:		
Address:		
City:	State:	Zip:
Phone (home)	(cell)	(cell)
Email:		

Membership Dues:		Total
1 kid total is \$135		\$
2 kids total \$160		
3 kids total \$185		
4 kids total \$210		
Your accident policy:	Policy #	
Company Name:		

Please mail completed form and check to: COPWRA 29724 Highway 20 W. Hines, OR 97738

Memberships received with no payment will not be accepted. Due 30 days prior to first rodeo weekend.

NSF checks will be charged \$100

I realize that rodeo is a hazardous sport. I hereby give my permission for said applicant(s) to participate in any or all COPWRA rodeos of the 2019 season in which we enter and agree to hold neither the COPWRA, Inc. or any persons, property owners or organization responsible for any liability whatsoever by reason of the applicant's participation in said rodeos.

I, the undersigned, am the parent/guardian of the above contestant(s) and the above information and information provided on the rodeo entry forms, is to my knowledge correct. I hold COPWRA harmless if the applicant is entered in the wrong division due to the applicant misinformation. I understand that request for return of entry fees by reason of withdrawal from any contest or event will be denied without a medical or vet statement.

Signature of Parent/Guardian _____ Date _____