

CHSRA DISTRICT 1

November 2020 – Red Bluff, CA



NAME: _____

PHONE: _____ CELL: _____

SCHOOL: _____

RELEASE AND CONSENT TO TREATMENT

We, the parents of _____, give Dignity Health and the physician and medical staff of said hospital permission to administer any necessary EMERGENCY treatment for injuries he/she may incur while participating in the CHSRA District 1 Rodeo. We understand that each contestant must be and is covered by medical insurance. We do hereby release said hospital and ambulance attendants, as well as the officers, Directors and volunteers of CHSRA District 1, the rodeo grounds and stock contractors from all liability, except for negligence.

Contestant Signature _____

Parent/Guardian Signature _____

SCHOOL VALIDATION

The undersigned certifies that this student meet NHSRA & CHSRA grade and conduct qualifications of passing grades in a minimum of four classes or if carrying few that 4 classes, passing grade in all AND a minimum 2.0 GPA as of the last grading period (5 weeks or more). Grading period is defined as Quarter, Semester or interim progress report that is mailed home with all current grades and given to all students (no "walk around" grades accepted). Student is in good standing and has not been ruled undesirable for misconduct at school.

Principal/Counselor _____ Title _____

Date: _____ Phone: _____

**PLEASE PLACE SCHOOL SEAL/STAMP OVER SIGNATURE:
ENTRY NOT ACCEPTED WITHOUT ONE!**

Current report card **MUST** be on file with MEMBERSHIP SECRETARY

TURN INTO RODEO SECRETARY:

JODIE CONARD
4732 8TH AVENUE
CORNING, CA 96021
d1jrhighrodeosec@yahoo.com