

YOUTH RODEO ASSOCIATION

2019-2020

MEMBERSHIP APPLICATION

P.O. BOX 2328
Alvin, TX 77512
713-501-8843 (PHONE)

APPLICANTS NAME: _____
 ADDRESS: _____
 CITY _____ STATE _____ ZIP _____
 SOCIAL SECURITY _____ BIRTHDAY _____
 AGE AS OF 9/1/2019 _____
 EMAIL ADDRESS _____

**Application must be notarized BEFORE
you mail in to the YRA office. The YRA
secretary is not a notary.**

Shirt / Jacket Size _____
 WORK PHONE _____
 CELL PHONE _____

MEMBERS MAY PAY MEMBERSHIP & RODEO ENTRIES WITH PERSONAL CHECK IF INFORMATION BELOW IS GIVEN ON PERSON/PERSONS SIGNING CHECK.

DRIVERS LICENSE # _____ BIRTHDAY _____ NAME _____

ASSOCIATE MEMBERSHIP/PARENT MEMBERSHIP is available for those interested in the promotion of the YRA by their support spiritually, physically, and/or financially. **MEMBERSHIP** for one year is \$10 for man and wife or a single person.

_____ check is included Name/Names of Members _____

YOU CANNOT COMPETE AT ANY YRA RODEO UNTIL YOUR MEMBERSHIP IS COMPLETE. A complete membership is a 2018-2019 form that is signed and NOTARIZED, a picture and a birth certificate.

**** **Last year's** members **ONLY** do not need to send another picture and birth certificate IF ALREADY ON FILE !!!

THIS MEMBERSHIP APPLICATION MUST BE ACCOMPANIED BY:

1. \$75.00 MEMBERSHIP DUES (Paid by separate check)
2. A CURRENT PHOTO ***
3. COPY OF BIRTH CERTIFICATE ****
4. \$50.00 EACH ADDITIONAL FAMILY MEMBER

AGE GROUPS
 BASED ON AGE AS OF 9/1/19
 PeeWee - 8 & UNDER
 Sub-Jr - 9 - 12
 Junior - 13 - 15
 Senior - 16 - 19

****THE PORTION BELOW MUST BE NOTARIZED FOR EVERY MEMBER INCLUDING PAST MEMBERS****
 THE STATE OF TEXAS, COUNTY OF _____

Before me the undersigned authority, a Notary Public in and for said County and State on this day personally appeared _____, the contestant and _____ Father/and or Mother or Legal Guardian(s) the parent(s) or legal guardian(s) of contestant who has signed this form for the said YOUTH RODEO ASSOCIATION (YRA) rodeo, who upon their oath deposes and says; That I, the contestant and their child is a capable rodeo performer and hereby give their permission for said applicant to participate in any event in said YRA rodeo, and do hereby release the YOUTH RODEO ASSOCIATION and its Advisors/Directors AND the sponsoring rodeo association and its advisors/directors/workers/facilities AND the stock contractor and its workers from all liability in case of accident, injury and/or death of the applicant. The parents or legal guardians, of the said contestant do hereby give permission to the Physicians on the Medical Staff of the Hospital to administer necessary emergency treatment for injuries he or she may incur while participating in the Youth Rodeo Association officially approved rodeos. We understand that each contestant is responsible for his or her own medical insurance and payment of all expenses incurred in the medical treatment.

 Signature of APPLICANT

 Signature of Father and or/Mother or Legal Guardian

Sworn to and subscribed before me this _____ Day of _____, 20____

 Notary Public in and for
 _____, County
 _____, Texas

My commission expires _____

Office Use Only

Amount Paid \$ _____
 Date Paid _____
 Cash _____ or Check # _____