## YOUTH RODEO ASSOCIATION

## 2024-2025 MEMBERSHIP APPLICATION

114 Upper Dietert Road N. Comfort,Tx 78013 713-501-8843 (PHONE)

APPLICANTS NAME:			Application must be notarized BEFORE	
ADDRESS:			you mail in to the YRA office. The YRA	
CITY	_STATE	ZIP	secretary is not a notary.	
SOCIAL SECURITY		BIRTHDAY	Shirt / Jacket Size	
AGE AS OF 9/1/2024	·		WORK PHONE	
EMAIL ADDRESS			CELL PHONE	
MEMBERS MAY PAY IS GIVEN ON PERSO			RSONAL CHECK IF INFORMATION BELOW	
DRIVERS LICENSE #	#	BIRTHDAY	NAME	
			those interested in the promotion of the YRA by one year is \$10 for man and wife or a single person.	
check is inclu	ded	Name/Names of Membe	rs	
YOU CANNOT COMPETE AT ANY YRA RODEO UNTIL YOUR MEMBERSHIP IS COMPLETE. A complete membership is a 2024-2025 form that is signed and NOTARIZED, a picture and a birth certificate.				
<ul> <li>THIS MEMBERSHIP APPLICATION MUST BE ACCOMPANIED BY:</li> <li>1. \$100 MEMBERSHIP DUES (Paid by seperate check)</li> <li>2. A CURRENT PHOTO ***</li> <li>3. COPY OF BIRTH CERTIFICATE ****</li> <li>4. \$75.00 EACH ADDITIONAL FAMILY MEMBER</li> </ul>			AGE GROUPS  BASED ON AGE AS OF 9/1/24  PeeWee - 8 & UNDER  Sub-Jr - 9 - 12  Junior - 13 - 15  Senior - 16 - 19	
**THE PORTION BEL THE STATE OF TEXA			MBER INCLUDING PAST MEMBERS**	
Before me the undersigned authority, a Notary Public in and for said County and State on this day personally				
appeared, the contestant				
andFather/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 APPLICAN	ІТ	
Signature of Father and or/Mother or Legal Guardian				
Sworn to and subscribed before me thisDay of,20				
Notary Public in and for			Office Use Only	
, County			Office Ose Offig	
			Amount Paid \$	
My commission expires			Date Paid	
			Cash or Check #	