California High School Rodeo Association District 7
High School Rodeo #8
April 6, 2019
Madonna Arena

School Verification/Medical Release Form

Contestant Name	CHSRA #	District

Address	City, State, Zip Code

School Attending, Address, Phone Number

School Verification

I certify that this student meets National High School Rodeo Association's GRADE AND CONDUCT qualification. CHSRA Requirements: Student has at least a 2.0 GPA as of the latest "Grading Period" (covering 5 or more weeks) including a QUARTER, SEMESTER OR PROGRESS REPORTS mailed home that are generated with all current grades and mailed to all students. No "Walk Around" grades accepted. NOTE: Student must be in good standing; not ruled undesirable for misconduct at school.

Signature of Principal or Counselor*	Position or Title, Phone	Date

Original School Seal or Stamp must be included here

Medical Release and Acknowledgement of Concussion Information Protocol

We, the parents or guardians of:_____(Name of Contestant) give the Sierra Vista Regional Medical Center and the Physicians on the medical staff of the hospital permission to administer NECESSARY, EMERGENCY treatment for injuries he or she may incur while participating in the California High School Rodeo Association District 7 rodeo. We understand that each contestant must be and is covered by medical insurance. We hereby release Sierra Vista Regional Medical Center physicians on the medical staff from all liability except for negligence. We understand also do hereby release and discharge the California High School Rodeo Association, District 7, its officers, agents and employees from any and all claims, demands, damages, suits, actions or causes of actions which may or can be suffered by said son or daughter while participating in the said rodeo. This release is full and complete and is not contingent upon any act, work or deed by either the undersigned or the sponsoring bodies and individuals of said rodeo.

I also acknowledge that I have received and read the CHSRA Concussion Information Sheet.

Signature:_____Signature:_____
(Parent or guardian) (Contestant)

This form must be signed, stamped, dated and postmarked by: March 29, 2019(Cutters, please text a picture to 805-441-2121 before you mail)
Mail to : CHSRA District 7, 305 Red Oak Way, Arroyo Grande, CA 93420