



California High School Rodeo Association District 4
 King City Spring Classic Rodeo
 March 29-31 (JH 30th only)
 Salinas Valley Fairgrounds, King City

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 Mee Memorial Hospital 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 4 rodeo. We understand that each contestant must be and is covered by medical insurance. We hereby release Mee Memorial Hospital 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 4, 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 13, 2019
 Mail to : CHSRA District 4, 1638 Thomas Rd., Hollister, CA 95023