

Return this application to: FBCYRA, P.O. Box 1082, Rosenberg, TX 77471

## FORT BEND COUNTY YOUTH RODEO ASSOCIATION MEMBERSHIP APPLICATION

WINTER PRACTICE, SUMMER SERIES & AUGUST RODEO  
SEPTEMBER 2010 - AUGUST 2011

Contestant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age as of Sept. 1, 2010: \_\_\_\_\_

Member Before: Yes or No

### Circle Rodeo Classification (Age as of Sept. 1, 2010):

4 & under (Beginner)      5-8 Years (Sub-Junior)      9-13 Years (Junior)      14 & Up (Senior)

Contestant's Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Contestants School Grade as of Sept. 1<sup>st</sup> (Circle one): 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup> 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup>

Mother's Name: \_\_\_\_\_

Address if not same: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell # \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address if not same: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell # \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

### Contestant Membership Requirements

1. Contestant Member must attend school in Fort Bend County or have one parent who resides in Fort Bend County. Sub Jr. division must provide proof of residency (ex. current electric bill)
2. Membership fee is \$15.00 per contestant yearly (*September 1 thru August 31*).
3. If parent(s) wish to vote at meetings, pay \$5.00 per parent yearly (*September 1 thru August 31*).
4. A liability release form (located on back) must be filled out and returned with this application.
5. Please provide a copy of birth certificate (if not already on file)
6. Please provide a copy of your most recent report card.
7. Please show proof of current negative Coggins for all horses brought to FBCYRA events.

For Office Use    Date Contestant Dues Paid \$15.00 \_\_\_\_\_    Cash \_\_\_\_\_ Check # \_\_\_\_\_

                    Date Voting Fee Paid \$5.00 each \_\_\_\_\_    Cash \_\_\_\_\_ Check # \_\_\_\_\_

                    Date Release signed \_\_\_\_\_    Date Birth Certificate Received (if not on file) \_\_\_\_\_

                    Showed Proof of Coggins \_\_\_\_\_    Date Report Card Received \_\_\_\_\_

                    \$75.00 Raffle Tickets (due by July18, 2011) \_\_\_\_\_    Cash \_\_\_\_\_ Check# \_\_\_\_\_

**“RELEASE”**  
**FOR**  
**FORT BEND COUNTY YOUTH RODEO ASSOCIATION**  
**2010 – 2011 Season**

CONTESTANT NAME: \_\_\_\_\_

STATE OF TEXAS  
COUNTY OF FORT BEND

BEFORE ME, The undersigned authority, a Notary Public for said state, on this day personally appeared \_\_\_\_\_, resident of \_\_\_\_\_ County and parent(s) of contestant, who upon their oath each deposes and says: My (Our) son or daughter, contestant named above, is a capable rodeo performer and we hereby give our permission for said contestant to participate in any event in said Playday and do hereby release the FORT BEND COUNTY YOUTH RODEO ASSOCIATION AND IT’S DIRECTORS AND OWNERS, ALL OFFICIALS AND ALL OTHER PERSONNEL CONNECTED WITH SAID ASSOCIATION AND EVENTS, for any and all liability in case of accident or injury or damages to said contestant or his/her animals, equipment, etc. and if said contestant is injured, we hereby give our permission and consent for him/her to be carried to a hospital and given treatment by any doctor of hospital, or his or its personnel, and hereby release said doctor, hospital and personnel for transporting contestant to hospital and administering necessary treatment, if any.

(X) \_\_\_\_\_ (X) \_\_\_\_\_  
(Father or Guardian) (Mother or Guardian)

**SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_**

\_\_\_\_\_  
Notary Public in and for the State of Texas

\_\_\_\_\_  
Printed Name of Notary and Expiration