

**Utah 5th & Under Rodeo Membership Application 2024-2025**

Contestant (Applicant) Name: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Club: \_\_\_\_\_

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

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

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

State Dues \$50 Paid \_\_\_\_\_

Both Parents Please Initial any event(s) student may be participating in:

Steer Riding \_\_\_ Breakaway \_\_\_ Poles \_\_\_ Barrels \_\_\_ Team Roping \_\_\_ Goat Tying \_\_\_

COMPLETE ALL BLANKS AND SIGNATURES AND HAVE FORM NOTARIZED

I do certify the student meets all Utah 5th & Under Rodeo Association's grade and conduct qualifications of a 2.0 grade point average with no more than one F at the ending of the current term. I am aware that I may contact the 5th & Under state secretary if I feel that there are conduct problems that should prohibit the student from participating in 5th & Under Rodeo Association activities at any time during the school year.

Principal or Designee Signed X \_\_\_\_\_

Before me, the undersigned authority, a notary public in and for said county and state, on this day personally appeared the above named parents/guardians of applicant, and applicant who have signed the foregoing application for entrance in the Utah 5th & Under Rodeo's qualifying rodeos for the state of Utah, who upon their oath disposes and says that: We hereby give our permission for said applicant to participate in said rodeos and agree to hold all Utah qualifying rodeos, the UT 5th & Under Rodeo Association and all other persons and organizations blameless from any liability whatsoever by reason of his/her participating in said rodeos; we, the undersigned parents or guardian(s) of the above named applicant, and the applicant give the local hospital and the physicians on the medical staff of the hospital permission to administer the necessary emergency treatment for injuries he/she may incur while participating in the UT 5th & Under Rodeo Association and qualifying rodeo(s) and hereby release the local hospital and physicians on the medical staff, any rodeo sponsors, organizations or other persons of all liability.

Contestant X \_\_\_\_\_

The state of \_\_\_\_\_, County of \_\_\_\_\_ Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2024.

My commission expires: \_\_\_\_\_

Father: X \_\_\_\_\_

Mother X \_\_\_\_\_

Notary X \_\_\_\_\_