YOUTH RODEO ASSOCIATION

2021-2022 MEMBERSHIP APPLICATION

P.O. BOX 2328 Alvin, TX 77512 713-501-8843 (PHONE)

APPLICANTS NAME:			Application must be notarized BEFORE you
ADDRESS:			mail in to the YRA office. The YRA secretary
CITY	STATE	ZIP	is not a notary.
SOCIAL SECURITY		BIRTHDAY	Shirt / Jacket Size
AGE AS OF 9/1/2021			WORK PHONE
EMAIL ADDRESS			CELL PHONE
MEMBERS MAY PAY MEMBERSHIP & RODEO ENTRIES WITH PERSONAL CHECK IF INFORMATION BELOW IS GIVEN ON PERSON/PERSONS SIGNING CHECK.			
DRIVERS LICENSE #		BIRTHDAY	NAME
ASSOCIATE MEMBERSHIP/PARENT MEMBERSHIP is available for those interested in the promotion of the YRA by their support spiritually, physically, and/or financially. MEMBERSHIP for one year is \$10 for man and wife or a single person.			
check is include	ed	Name/Names of Members	
YOU CANNOT COMPETE AT ANY YRA RODEO UNTIL YOUR MEMBERSHIP IS COMPLETE. A complete membership is a 2021- 2022 form that is signed and NOTARIZED, a picture and a birth certificate. Notary on site will charge a \$5 fee.			
THIS MEMBERSHIP APPLICATION MUST BE ACCOMPANIED BY: 1. \$100.00 MEMBERSHIP DUES (Paid by seperate check) 2. A CURRENT PHOTO *** 3. COPY OF BIRTH CERTIFICATE **** 4. \$75.00 EACH ADDITIONAL FAMILY MEMBER			AGE GROUPS BASED ON AGE AS OF 9/1/21 PeeWee - 8 & UNDER Sub-Jr - 9 - 12 Junior - 13 - 15 Senior - 16 - 19
THE PORTION BELOW MUST BE NOTARIZED FOR EVERY MEMBER INCLUDING PAST MEMBERS THE STATE OF TEXAS, COUNTY OF			
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 APPLICANT			
Sworn to and subscribed before me thisDay of,20			
Notary Public in and for, County			Office Use Only
			Amount Paid \$
My commission expires			Date Paid
			Cash or Check #