YOUTH RODEO ASSOCIATION
2023-2024
MEMBERSHIP APPLICATION

114 Upper Dietert Road N.
Comfort,Tx 78013
713-501-8843 (PHONE)

APPLICANTS NAME: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

SOCIAL SECURITY _____ BIRTHDAY _____

Shirt / Jacket Size _____ _____

==AGE AS OF 9/1/2023== _____

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 included   Name/Names of Members _____

YOU CANNOT COMPETE AT ANY YRA RODEO UNTIL YOUR MEMBERSHIP IS COMPLETE. A complete membership is a 2023-2024 form that is signed and NOTARIZED, a picture and a birth certificate.

THIS MEMBERSHIP APPLICATION MUST BE ACCOMPANIED BY:
1. $100 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 9/1/23
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 and_____Father/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**

_____ **Signature of Father and or/Mother or Legal Guardian**

Sworn to and subscribed before me this _____Day of _____,20___

_____ Notary Public in and for
_____, County
_____, Texas

My commission expires _____

Office Use Only

Amount Paid $ _____
Date Paid _____

Cash _____ or Check # _____