California High School Rodeo Association District 8 HS Cutting 8 & 9

March 28 and 29, 2020 Way out West Arena

School Verification/Medical Release

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Contestant Name Card# District #

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Address City Zip Code

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Phone # School Attending School Phone#

**SCHOOL VERIFICATION**

I certify that this student meets National High School Rodeo Association’s GRADE AND CONDUCT qualifications. (Current grad and conduct requirements only). 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.

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Signature of Principal, registrar or Counselor Position or Title Date

**\*Original School Stamp or Seal must be included on this form**

**Medical Release and Acknowledgement of Concussion Information Protocol**

We the parents or guardians of:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Name of Contestant) give the Corona Regional Medical Center and 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 District 8 Rodeo. We understand that each contestant must be and is covered by medical insurance. We hereby release the **Hemet Global Medical Center** physicians and the medical staff from all liability except for negligence. We undersigned also do hereby release and discharge the California High School Rodeo Association, 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 he sponsoring bodies and individuals of said rodeo.

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Signature (Parent or guardian must sign, regardless of age of contestant) Date

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Signature (Contestant) Date

This form must be signed dated and mailed by Monday March 16, 2020 to:–

Reba Pugliese - 12625 Elm Street, Oak Hills, CA 92344 – Do not send signature required