



Illinois Junior Rodeo Association

MAY 26 & 27

JUNE 9 & 10

JULY 7 & 8

AUG 4 & 5

District 1 Rodeo @ 4 Rocks Arena-Delavan, IL

May 26 & 27

Entries MUST be postmarked by May 4

\$100 late fee will apply. No entries accepted after May 16

\$6 Insurance Fee MUST be ADDED to Entries

Contestant Name: _____ Age: _____ Grade: _____ Male or Female

Address: _____ City: _____ State: _____ ZIP: _____

Parent(s) Name: _____ Phone: _____ Email: _____

6/8 Team Roping: Header _____ Heeler _____

Contestant willing to be team roping alternate? Yes No

SA	SU	K-2 Boys	
		Steer Daubing	\$25/day
		Break Away Roping	\$25/day
		Goat Flanking	\$25/day
		Team Roping	\$25/day
		Mini-Bull Riding	\$25/day
		Barrels	\$10/day
		Poles	\$10/day

SA	SU	K-2 Girls	
		Break Away Roping	\$25/day
		Goat Flanking	\$25/day
		Team Roping	\$25/day
		Barrels	\$10/day
		Poles	\$10/day

FEES + \$6 INSURANCE = \$

SA	SU	3-5 Boys	
		Steer Daubing	\$25/day
		Break Away Roping	\$25/day
		Goat Tying	\$25/day
		Team Roping	\$25/day
		Mini-Bull Riding	\$25/day
		Steer Stop	\$25/day

SA	SU	3-5 Girls	
		Break Away Roping	\$25/day
		Goat Tying	\$25/day
		Team Roping	\$25/day
		Barrels	\$10/day
		Poles	\$10/day
		Steer Stop	\$25/day

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SA	SU	6-8 Boys	
		Chute Dogging	\$25/day
		Step Down	\$25/day
		Goat Tying	\$25/day
		Team Roping HD or HL	\$25/day
		Jr. Bulls	\$25/day

SA	SU	6-8 Girls	
		Break Away Roping	\$25/day
		Goat Tying	\$25/day
		Team Roping Head or Heel	\$25/day
		Barrels	\$10/day
		Poles	\$10/day

FEES + \$6 INSURANCE = \$

WE, THE PARENTS OR GUARDIANS OF _____, GIVE THE LOCAL HOSPITAL AND THE PHYSICIANS ON THE MEDICAL STAFF OF THE HOSPITAL PERMISSION TO ADMINISTER NECESSARY EMERGENCY TREATMENT FOR INJURIES HE/SHE MAY INCUR WHILE PARTICIPATING IN THE ILLINOIS JUNIOR RODEO ASSOCIATION, CLINCS, AND ALL OTHER EVENTS PERTAINING TO THE GROWTH AND DEVELOPMENT OF THE ABOVE STATED CONTESTANT INCLUDING BUT NOT LIMITED TO THE LOCATIONS OF EACH DISTRICT AND STATE RODEO THROUGHOUT THE YEAR. WE UNDERSTAND EACH CONTESTANT MUST BE AND IS COVERED BY MEDICAL INSURANCE. WE HEREBY RELEASE THE LOCAL HOSPITAL, PHYSICIANS ON THE MEDICAL STAFF, AND ILLINOIS JUNIOR RODEO ASSOCIATION (OR ANY AFFILIATES) FROM ALL LIABILITY. WE, THE PARENTS OR GUARDIANS ALSO DO HEREBY ACCEPT THE RESPONSIBILITY OF ANY AND ALL DEDUCTIBLES TO BE PAID BY OURSELVES AND CLAIM FULL RESPONSIBILITY FOR THE DEDUCTIBLES THAT MAY APPLY.

PARENT/GUARDIAN SIGNATURE _____ PARENT/GUARDIAN SIGNATURE _____ DATE _____