



2010

N.J.R.A. APPLICATION FOR MEMBERSHIP

Please Fill Out One Membership Application Per Contestant
N.J.R.A. Must have a copy of Birth Certificate on File

Date _____
Ck # _____
\$ _____
Office Use ONLY

Contestant Name: _____ NJRA# _____

Birthdate: ____/____/____ Age as of Jan.1: _____ Sex: M / F

Division: ___Senior 14-18 (Jan 1, 1995-Dec 31, 1991) ___Junior 9-13 (Jan 1, 2000-Dec 31, 1996)

___PeeWee 6-8 (Jan 1, 2003- Dec 31, 2001) ___Buckaroo 0-5 (now through Dec 31, 2004)

Parents/Legal Guardians: _____ Phone: (_____) _____

Mailing Address: _____
Street/PO Box City State Zip

E-Mail Address: _____

Alternate Person to be notified in an emergency: _____ Phone (_____) _____

Allergies: _____ Date of last Tetanus: _____

Medications being taken: _____

Physical Impairments: _____

In the case of an emergency, does the rodeo official or attending aid person have your permission to send the contestant to a hospital? _____ In case of injury, may a doctor in attendance (or qualified aid person) treat the contestant? _____ In case of injury it becomes the responsibility of the parent or legal guardian of the injured contestant to secure insurance claim forms from the NJRA treasurer. Claims must be submitted within ninety (90) days following the accident. In order to keep insurance costs down, submit to family insurance first, NJRA insurance second. There is a \$50.00 deductible.

All memberships MUST BE COMPLETED AND PAID FOR BY MARCH 31, 2010, OTHERWISE A \$25.00 PENALTY WILL BE ADDED FOR LATE PAYMENTS. This does not apply to NEW members. Membership forms must be completed and paid in full before noon on the first day of any rodeo, for contestant to earn NJRA points.

MEMBERSHIP FEE: \$90.00 _____ Paid With _____

(Includes ALL immediate family members, Association Dues, \$25.00 Raffle tickets, and \$15.00 The Competitor News.)

INSURANCE: (Mandatory) Number of Contestants: _____ X \$18.50 _____

LATE FEE: (For previous members paying after March 31, 2010) \$25.00 _____

TOTAL AMOUNT PAID \$ _____

Shirt Size
Youth/Adult

Parent/Legal Guardian Signature: _____ Date: _____

Make payment with Money Order or Cashiers Check payable to: Northwest Junior Rodeo Association (NJRA), and mail to: Kellie McIntyre 6854 SE Fragaria Rd. Olalla, WA 98359 call 253-858-9676 with questions.

NJRA must have a copy of your birth certificate on file.

NOTICE: This form must be Notarized or it will be returned

STATE OF WASHINGTON

County of _____

On this day personally appeared before me _____ to me known to be the individual described in and who executed the within foregoing internment and acknowledged that _____ signed the same as _____

Free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this ____ day of _____, 20____.

Notary Public in and for the State of Washington

Residing at _____

My appointment expires: _____