

2024 – 2025 YOUTH MEMBERSHIP APPLICATION
(5th Grade & Under Only)

COPY OF REPORT CARD REQUIRED

Membership Fee: \$100.00

Please make checks payable to THSRA – Region III - Please write **ONE** check for application

Boy: _____ Girl: _____ New: _____ Renewal: _____

Name: _____		
Address: _____		
City, State, Zip: _____		
Phone Number: _____		
Father's Name: _____		
Mother's Name: _____		
Email Address: _____		
Work Phone Number(s): _____		
Grade: _____	Age: _____	Date of Birth: _____

PLEASE CHECK EVENT OR EVENTS YOU WILL COMPETE IN:

_____ STEER RIDING	_____ BARRELS	_____ DOUBLE MUGGING
_____ BREAKAWAY ROPING	_____ POLES	
_____ GOAT TYING	_____ TEAM ROPING (Heading/Heeling)	

“We the parents or guardians of _____, give permission for our son or daughter to participate in the THSRA REGION III rodeos for the 2022 - 2023 rodeo season. By signing this membership form we hereby release the HOSPITAL, PHYSICIANS ON THE MEDICAL STAFF, THSRA-REGION III ASSOCIATION AND THE BOARD OF DIRECTORS from all liability that he or she may incur while participating in the THSRA – REGION III OFFICIALLY APPROVED RODEOS.

(PARENT OR LEGAL GUARDIAN MUST SIGN)

DATE

THE STATE OF TEXAS

COUNTY OF _____

On this _____ day of _____ 20____, BEFORE ME, personally appeared

_____, to me known to be the parent or legal guardian

of _____ and signed the foregoing instrument in my presence.

My commission Expires: _____

Office use only:

Date: _____ Payment: _____ Amount: \$ _____