

2026 Gem State Rodeo Association Membership Application

www.gemstaterodeo.com

NAME: _____ AGE on Jan 1st: _____ PHONE: _____

DATE OF BIRTH: _____ / _____ / _____ AGE DIVISION: _____ Girl/Boy

Based on age as of Jan 1, 2026 Mini-Mite 7&under, Pee Wee 8-10, Junior 11-13, Senior 14 &

over

JACKET/SWEATSHIRT SIZE (What size they'll be at the end of the year) _____ Adult / Youth (circle one)

ADDRESS: _____

Street

City

State

Zip

EMAIL ADDRESS please print clearly _____

PARENTS: _____

RELEASE

I, _____, hereby release and discharge the arena director, arena owner, and the GEM STATE RODEO ASSOCIATION, their agents, representatives, and employees, from all claims and demands which I, my heirs, executors, and administrators may incur.

I hereby assume and accept the full risk and danger of any injury, negligence, or default by injury to person, property or stock of any owner, contestant, or assistant. Contestant under the age of 18 must have the signature of legal parent or guardian and a legible copy of the contestant's birth certificate with the association secretary.

SIGNED: _____ *Date:* _____
Contestant(18 & over) Parent or Guardian

STATE OF _____)

)ss.

County of _____)

On this _____ day of _____, 20____, before me, a notary public in and for said state, personally appeared, known to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that he / she executed the same.

Notary Public: _____

Residence: _____

Commission Expires: _____

Annual Membership Fee: \$50.00 \$ 50.00

Paid Membership Application must be on file 15 days prior to the entry date of the rodeo you are entering.

However, we will not accept any memberships after June 1st. If you haven't bought a membership by June 1, you will only have the option to compete as a non-member.

\$10.00 late fee if received after March 25th \$ 10.00

Total: _____

Return completed membership application, copy of birth certificate (birth certificate is only required for new members) and membership fee to:

GSRA, Attn: Kristan Jepsen, 331 Olds Ferry Rd, Weiser, ID 83672

OFFICE USE ONLY: Please do not write in this area.

PAID AMOUNT: _____ DATE: _____ CHECK NO. _____ CASH _____ Birth Cert. _____