2025 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, 2025 Mini-Mite7 & 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

PARENTS:_____

EMAIL ADDRESS please print clearly _____

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.*_____