



**2022-2023 HHSRA STATE MEMBERSHIP APPLICATION**  
**Jr. & High School STUDENT MEMBER INFORMATION**



*Page 1 & 2 of the HHSRA STATE MEMBERSHIP APPLICATION SHOULD BE COMPLETED AND SIGNED BY THE STUDENT MEMBER!*

Student Member Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Member Cell Phone: \_\_\_\_\_ I can receive text message: YES  NO

**Student Email:** will be used as primary HHSRA Contact: \_\_\_\_\_

*E-Mail will be the primary method of communication. Please provide an email address that you check regularly. If you say YES to receiving text messages, mass communication via text may be sent.*

Face Book \_\_\_\_\_ Instagram: \_\_\_\_\_  
OPTIONAL OPTIONAL

*Please add your Facebook or Instagram if you want to be added to HHSRA /NHSRA information and opportunity posts. By adding my social media information I understand that I am agreeing to the the HHSRA Social Media Policies and will adhered to them at all times.*

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

School Attending: \_\_\_\_\_

District Participating in:  Hawaii  Maui  Oahu  Kauai

# of years in HHSRA: \_\_\_\_\_ I have entered rodeo since I was \_\_\_\_\_ years old

<i>I am interested in ENTERING the events I have X below 2022-2023 Season</i>		
<b>Jr HS Girls</b>	<b>Jr Boys</b>	<b>Jr Mixed / Team</b>
<input type="checkbox"/> Barrel Racing <input type="checkbox"/> Pole Bending <input type="checkbox"/> Goat Tying <input type="checkbox"/> Breakaway Roping	<input type="checkbox"/> Chute Dogging (JR) <input type="checkbox"/> Goat Tying <input type="checkbox"/> Steer Bareback <input type="checkbox"/> Saddle Steer Riding <input type="checkbox"/> Breakaway Roping <input type="checkbox"/> Tie-Down Roping	<input type="checkbox"/> Ribbon Roping <input type="checkbox"/> Team Roping <input type="checkbox"/> Double Mugging <input type="checkbox"/> 22 Lite Rifle
<b>HS Girls</b>	<b>HS Boys</b>	<b>HS Mixed / Team</b>
<input type="checkbox"/> Barrel Racing <input type="checkbox"/> Pole Bending <input type="checkbox"/> Goat Tying <input type="checkbox"/> Breakaway Roping <input type="checkbox"/> Cutting <input type="checkbox"/> Queen	<input type="checkbox"/> Tie-Down Roping <input type="checkbox"/> Steer Wrestling <input type="checkbox"/> Bareback Riding <input type="checkbox"/> Saddle Bronc Riding <input type="checkbox"/> Bull Riding <input type="checkbox"/> Cutting	<input type="checkbox"/> Reined Cow Horse <input type="checkbox"/> Team Roping <input type="checkbox"/> Double Mugging <input type="checkbox"/> Po'o Wai U <input type="checkbox"/> 22 Lite Rifle <input type="checkbox"/> Trap Shooting (Shot Gun)

**Student Biography for Announcer**

***Kūlia i ka nu'u*** – Strive for the highest. Pursue personal excellence in all you do  
 (250 words include Successes; Hobbies; Interests; Goals; Favorite Sayings etc.....)

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Act with Initiative & Courage



# HHSRA STATE MEMBERSHIP APPLICATION



## Jr. & High School STUDENT MEMBER INFORMATION

Page 1 & 2 of the HHSRA STATE MEMBERSHIP APPLICATION SHOULD BE **COMPLETED AND SIGNED BY THE STUDENT MEMBER!**

As a member of HHSRA I understand that I am responsible for my actions and behaviors.

**"Aloha Spirit" law**, is encoded in the Hawaii Revised Statutes, Section 5-7.5.

**"The Aloha Spirit is the coordination of mind and heart within each person,"** the law declares. "It brings each person to the Self. Each person must think and emote good feelings to others:

- Akahai** ~ kindness ~ *to be expressed with tenderness;*
- Lokahi** ~ unity ~ *to be expressed with harmony;*
- 'Olu'olu** ~ agreeable ~ *to be expressed with pleasantness;*
- Ha'aha'a** ~humility ~ *to be expressed with modesty;*
- Ahonui** ~patience~ *to be expressed with perseverance.*

***If in doubt Check it Out!***

### **Student Members Kuleana**

***Kuleana – Responsibility – To be accountable in all we do.***

- I will read & know the NHSRA Rule Book; HHSRA bylaws, HHSRA Policies
- I will not display unsportsman like behavior (eg. Swearing; Bullying others; or inhumane treatment to animals)
- I will know the Grade and school conduct rules (make sure correct one submitted)
- I will know and follow the dress code
- I will know and abide by the social media policy
- I understand that my parents behavior can get me (the member) disqualified and or subject me to other disciplinary actions

***Na'au Pono: Nurturing what is right and just.***

My Signature indicates I have read and understand my Kuleana- Responsibility- as listed above and agree to abide by the NHSRA Bylaws; HHSRA Bylaws; and HHSRA Policies.

**Student Member Signature:**

***I am interested in MENTORING/ RESOURCES /CLINICS for items I have X below.***

***Nānā i ke kumu – Look to the sources of teachers, spirit, and your sense of place to find your truth***

<input type="checkbox"/> Barrel Racing <input type="checkbox"/> Pole Bending <input type="checkbox"/> Goat Tying <input type="checkbox"/> Breakaway Roping <input type="checkbox"/> Tie-Down Roping <input type="checkbox"/> Team Roping <input type="checkbox"/> Chute Dogging / Steer Wrestling <input type="checkbox"/> Bareback/Saddle Bronc Riding <input type="checkbox"/> Bull Riding <input type="checkbox"/> Cutting <input type="checkbox"/> Reined Cow Horse <input type="checkbox"/> Queen Competition	<input type="checkbox"/> 22 Lite Rifle <input type="checkbox"/> Trap Shooting (Shot Gun) <input type="checkbox"/> National Student Officer Positions <input type="checkbox"/> HHSRA Points <input type="checkbox"/> HHSRA By-Laws & Policy <input type="checkbox"/> Traveling to State Finals <input type="checkbox"/> Traveling to National Finals <input type="checkbox"/> Scholarships <input type="checkbox"/> Sponsor/Ambassador Opportunities <input type="checkbox"/> Connecting with colleges/ coaches <input type="checkbox"/> Exploring Trade Careers <input type="checkbox"/> Social Media	<input type="checkbox"/> Horsemanship <input type="checkbox"/> Equine Care <input type="checkbox"/> Tack/Equipment Care <input type="checkbox"/> Paniolo Culture <input type="checkbox"/> Leadership <input type="checkbox"/> Finding Strengths & Talents <input type="checkbox"/> Life Skills <input type="checkbox"/> Rodeo Focused Physical Fitness <input type="checkbox"/> Sports Focused Nutrition <input type="checkbox"/> Exploring a Competitive Mindset <input type="checkbox"/> Total Athlete Wellness <input type="checkbox"/> Inspiration / Motivation / Gratitude
OTHER SPECIFY: <input type="checkbox"/> <input type="checkbox"/>	OTHER SPECIFY: <input type="checkbox"/> <input type="checkbox"/>	OTHER SPECIFY: <input type="checkbox"/> <input type="checkbox"/>

***I am interested in participating in discussions about topics I have X Below :***

<input type="checkbox"/> Awards <input type="checkbox"/> Bylaws / Policies	<input type="checkbox"/> Peer Networking <input type="checkbox"/> HHSRA Event Dates (Rodeos/Awards)	<input type="checkbox"/> Website <input type="checkbox"/> Logo
OTHER SPECIFY: <input type="checkbox"/> <input type="checkbox"/>	OTHER SPECIFY: <input type="checkbox"/> <input type="checkbox"/>	OTHER SPECIFY: <input type="checkbox"/> <input type="checkbox"/>



2022-2023 HHSRA STATE MEMBERSHIP APPLICATION

Jr. & High School PARENT / GUARDIAN OF MEMBER INFORMATION



Page 3 & 4 of the HHSRA STATE MEMBERSHIP APPLICATION SHOULD BE COMPLETED AND SIGNED BY PARENTS & GUARDIANS

Jr. & High School HHSRA PARENTS /GUARDIANS INFORMATION: Must complete for each child submitting an application.

Student Member Name: \_\_\_\_\_

Parent/ Guardian (1) Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell Phone: \_\_\_\_\_ I can receive text msg, YES NO

Email: if provided will be used as parent HHSRA Contact: \_\_\_\_\_

Face Book \_\_\_\_\_ Instagram: \_\_\_\_\_

HHSRA recognizes the importance of the internet in shaping public thinking about our organization and our current rodeo program. As a parent of a member, I will not post derogatory or negative comments on social media about our association. (Facebook; Twitter; Instagram; Snap Chat; or any other sites) Please add your Facebook or Instagram if you want to be added to HHSRA /NHSRA information and opportunity announcement posts. By adding my social media information I understand that I am agreeing to the HHSRA Social Media Policies and will adhere to them at all times. I understand that as a parent/ guardian of a member of the HHSRA, that my child/children the member(s) is responsible for MY actions and behavior according to the NHSRA rule book. Parent/ Guardian #1 Initial: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/ Guardian (2) Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell Phone: \_\_\_\_\_ I can receive text msg, YES NO

Email: if provided will be used as parent HHSRA Contact: \_\_\_\_\_

Face Book \_\_\_\_\_ Instagram: \_\_\_\_\_

HHSRA recognizes the importance of the internet in shaping public thinking about our organization and our current rodeo program. As a parent of a member, I will not post derogatory or negative comments on social media about our association. (Facebook; Twitter; Instagram; Snap Chat; or any other sites) Please add your Facebook or Instagram if you want to be added to HHSRA /NHSRA information and opportunity announcement posts. By adding my social media information I understand that I am agreeing to the HHSRA Social Media Policies and will adhere to them at all times. I understand that as a parent/ guardian of a member of the HHSRA, that my child/children the member(s) is responsible for MY actions and behavior according to the NHSRA rule book. Parent/ Guardian #2 Initial: \_\_\_\_\_ Date: \_\_\_\_\_

<b>X I / We are interested in my child participating in MENTORING/ RESOURCES /CLINICS for topics below if available</b>			
Specific Event (Please Specify)	Western Athlete Wellness (Please Specify)	Foundational Skills (Please Specify)	Traveling (Please Specify)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Please contact me/us I am may be able to help make opportunities above happen for HHSRA membership across the state. (Let us know if you or someone you know has a connection; skill set; knowledge or talent that you are willing to share to create opportunities for the membership) . Thankyou for understanding we are willing to look into ideas and decisions will be guided by time and financial feasibility.		

<b>I would like to KOKUA with Donation &amp; Sponsorship</b>	
<b>Please check the following areas you can Kokua &amp; would like a state board representative to follow-up with you</b>	
<b>Parent / Guardian 1</b>	<b>Parent / Guardian 2</b>
<input type="checkbox"/> I would Like to make a direct donation <input type="checkbox"/> I would like to connect HHSRA with sponsors/ Reach out to sponsors on behalf of HHSRA <input type="checkbox"/> I have a skill or talent that can help <input type="checkbox"/> Other Specify	<input type="checkbox"/> <input type="checkbox"/> I would Like to make a direct donation <input type="checkbox"/> I would like to connect HHSRA with sponsors/ Reach out to sponsors on behalf of HHSRA <input type="checkbox"/> I have a skill or talent that can help <input type="checkbox"/> Other Specify



2022-2023 HHSRA STATE MEMBERSHIP APPLICATION  
 Jr. & High School **PARENT / GUARDIAN OF MEMBER INFORMATION**



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Student Member Name: \_\_\_\_\_

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- Ahonui** ~patience~ *to be expressed with perseverance.*

**Parent/ Guardian Kuleana – Responsibility – To be accountable in all we do.**

As a parent / guardian of a member of HHSRA I understand that my child "the member" is responsible for MY **actions and behaviors** according to the NHSRA rule book; HHSRA Policies and HHSRA Bylaws.

- I agree to be supportive & involved       I agree to allow my child to do their work themselves
- I agree to keep my attitude in check       I agree to provide proper Equipment & Training & promote safety education
- I agree to allow my child to advocate for themselves, and I will never approach an official, judge or arena director to question a decision or score (**your actions can get your child disqualified**)
- I agree to learn/ know the rules, bylaws and Policies       I agree NOT to complain about the judges
- I agree NOT to be a Rodeo Sideline Director       I agree NOT to disparage the competition
- I agree to learn/ know the grievance procedures and follow the process outlined in the policy manual

**My Signature indicates I have read and understand Parent/ Guardian Kuleana- Responsibility-** as outlined above **and I agree to use it as a guiding code of conduct. My Signature also indicates I have read and agree to abide by NHSRA Bylaws; HHSRA Bylaws & Policies.**

Parent / Guardian 1 Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Parent / Guardian 2 Signature \_\_\_\_\_ Date \_\_\_\_\_

**I am willing to volunteer during the 2022-2023 season in the following areas. (Indicate State or District)**

Parent / Guardian 1	Parent / Guardian 2
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**I am interested in commenting or participating in discussions about:**

<input type="checkbox"/> Awards	<input type="checkbox"/> Nominations/ Election Process	<input type="checkbox"/> Website /Logo
<input type="checkbox"/> Bylaws / Policies	<input type="checkbox"/> HHSRA District Event Dates	<input type="checkbox"/> Logo

**FOR OFFICE USE ONLY!!!! DONOT WRITE BELOW THIS LINE**

- PRINTED COPY Submitted & Verification Online Portal Uploaded:** (Where applicable -Completed/Signed/ Notarized)
  - NHSRA Membership Application (Both Parent Signature)      Date: \_\_\_\_\_
  - National Minors Release Assumption of Risk Indemnity Agreement (Notarized)      Date: \_\_\_\_\_
  - Certificate of Eligibility (Signed by Member Parent & School Officials)      Date: \_\_\_\_\_
  - Home School Verification Forms (Applicable / Not Applicable)      Date: \_\_\_\_\_
  - Current Report Card (With Initial Application)      Date: \_\_\_\_\_
    - Quarter 1 upload       Quarter 2 upload       Quarter 3 upload
- PRINTED COPY Submitted to District Secretary** to verify completion; then state secretary for official record keeping:
  - HHSRA State Membership Application Page 1 & 2 "Member Information/ Agreement" (completed & signed **by Member**)
  - HHSRA State Membership Application Page 3 & 4 "Parent/Guardian Information/ Agreement" (completed & signed **by BOTH Parents / Guardians**)
  - HHSRA Social Media Policy (Signed **by Member & BOTH Parents / Guardians**)

**Payments verification**

- \$ \_\_\_\_\_ National DUES (pd online receipt provided)
- \$ \_\_\_\_\_ District DUES
- \$150.00 State DUES (pd CASH    pd Check # \_\_\_\_\_)

**REMARKS:**