



HHSRA Hawaii District Keiki Membership Application



Rodeo Season 2024-2025

Member Information:

Student Member Name: _____

Mailing Address: _____

Phone: _____ Email: _____

Birthdate: _____ Age (as of August 1st): _____ Grade: _____

School Attending: _____

Parent Information:

Parent #1: _____

Address: _____

Phone: _____ Email: _____

Parent #2: _____

Address: _____

Phone: _____ Email: _____

Events:

- Barrels
- Goat Undecorating
- Dummy Roping
- Keiki Mugging
- Breakaway (grade3-4 only)

Keiki Responsibilities

- I will read & know the HHSRA Rodeo Event Rules, HHSRA bylaws, HHSRA Policies
- I will not display un-sportsman like behavior (eg. Swearing; Bullying of others; or inhumane treatment to animals)
- I will know and follow the dress code
- I understand that my parents behavior can get me (the member) disqualified and or subject me to other disciplinary actions
- I will know and abide by the social media policy

*My Signature indicates I have read and understand my responsibility as listed above and agree to abide by the HHSRA Bylaws; and HHSRA Policies.

Student Member Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

<u>Office Use: Payment Method / Notes</u>		<u>rcvd.</u> / /
<input type="checkbox"/>	<u>State Insurance \$30 State Dues \$35 District Dues \$35</u>	
	<u>CASH</u>	_____
	<u>CHECK</u>	_____
	<u>MO #</u>	_____