



**South Carolina Youth Rodeo Association**

**For K-5 Elementary Students**

Membership Application 2024-2025

Fill out this application completely and return with cash or check made payable to SCHSRA. You MUST INCLUDE A COPY OF YOUR BIRTH CERTIFICATE AND A COPY OF YOUR LAST REPORT CARD. You must also fill out a minor's release form and send it in as well.

Click in each field to fill in information..

Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ SS#: \_\_\_\_\_

Years in SCYRA (including present): \_\_\_\_\_ Elementary School: \_\_\_\_\_ Grade: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

**Events Competing: Little Wrangler (K5-2 girls/boys) Wrangler (3-5 girls/boys)**

Breakaway Roping Breakaway Roping

Barrel Racing Barrel Racing

Pole Bending Pole Bending

Goat Tying Goat Tying

Membership Fee:  
  
\$75.00

Return the application, minor's release, copy of your birth certificate, and copy of your report card to:

Miranda Dulin  
524 Heritage View  
Indian Trail, NC 28079

**I understand that as a member of the SCHSRA, I will adhere to and abide by all rules set forth in the NHSRA rulebook and ground rules set by SCHSRA and SCYRA. No Exceptions. Each member will also be required to sign a code of conduct agreement.**

**I understand that I will be expected to participate in any fund raising projects including but not limited to program sponsorship sales for our State Finals Program.**

**The SCHSRA/SCJHD/SCYRA recognizes the importance of the internet in shaping public thinking about our organization and our current rodeo program. As a member and a parent I will not post derogatory or negative comments on social media about our association. (Facebook, Twitter, Instagram, SnapChat or any other sites)**

Member's Signature: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_

The above signature gives us permission to publish your address and telephone number in our directory.

There will be a \$35.00 charge for all returned checks.

Do not write in this space.....

Membership # \_\_\_\_\_ Paid: Check \_\_\_\_\_ Cash \_\_\_\_\_