

APPLICATIONS MUST BE NOTARIZED

Badlands Cowboys for Christ

RODEO BIBLE CAMP APPLICATION

Name _____ Age _____ Date of Birth _____ Sex _____

Address _____ Phone _____

Town _____ State _____ Zip _____

Phone: _____ Email Address: _____

I / We, _____ the undersigned, _____ the _____ of
(Print Parents/Guardian Names) (am/are) (parents/legal guardian)
 _____, who is _____ years old,
(Print Contestant Name)

and hereby give (my, our) consent for (him, her) to enter and compete at the Badlands Cowboys for Christ Rodeo Camp and accept full responsibility for any injuries sustained by (him, her) while engaged in such activities, and in consideration we agree to indemnify and hold the Badlands Cowboys for Christ and its affiliates blameless.

 Signature of Parent or Guardian

 Signature of Parent or Guardian

Both parents must sign, if living. If divorced, parent having legal custody must sign as legal guardian.

NOTARY SIGNATURE AND SEAL: _____ Dated this _____ day of _____, 20 _____

My Commission Expires on: _____



RODEO EVENTS:

Each contestant may receive instruction and compete in a maximum of three (3) events.
 Please check the events that you would like to take part in.

BOYS

- Saddle Bronc
- Steer Wrestling
- Team Roping
- Bareback
- Tie Down Roping
- Bull Riding

GIRLS

- Barrel Racing
- Pole Bending
- Breakaway Roping
- Goat Tying
- Team Roping

Those bringing horses, please bring your own hay, feed, watering buckets and panels.

Enclosed is \$100.00 for camp expenses. Make checks payable to: **Badlands Cowboys for Christ.**

Please send the application, camp fee, medical history, consent for medical or dental care, and waiver of liability and indemnity agreement, no later than 7 days before the date of the camp, to:

Badlands Cowboys for Christ, PO Box 122, Kadoka, SD 57543.

If you have any questions please contact John or Sue at (605) 837-2376 or email biblecamp@gwtc.net

If the camp fee is a problem, please inquire about scholarships. Thank you.

Badlands Cowboys for Christ MEDICAL HISTORY

Name _____ Date of Birth _____

Parents Name _____

Home Phone (____) _____ Cell Phone (____) _____ Cell Phone (____) _____

Address _____

Town _____ State _____ Zip _____

Additional Person/Phone Numbers in case you can not be reached _____

Doctors Name _____ Phone (____) _____

Insurance Company _____ Group or Policy Number _____

Insurance Company Address and Phone Number _____

MEDICAL HISTORY

Please list all medications that your child is currently taking (include non-prescription items such as aspirin, vitamins, etc., including any nonprescription medications): _____

Reasons for taking the medications: _____

Does your child have seizures: Yes/No _____ If yes, most recent occurrence date _____

Has your child ever been knocked unconscious or passed out? Yes/No _____ If yes, when and how: _____

Give the date your child last saw a physician _____ Reason for visit _____

Year of last Tetanus Shot _____

Circle any allergies: Hay Fever Poison Ivy Insect Sting Penicillin Asthma

List any other allergies: _____

Does your child have a history of: Heart Problems Yes/No _____ Diabetes Yes/No _____

List any other medical information: _____

THIS HEALTH FORM MUST BE SIGNED BY A PARENT OR LEGAL GUARDIAN FOR THIS STUDENT TO PARTICIPATE IN BADLANDS COWBOYS FOR CHRIST RODEO BIBLE CAMP.

The medical information above is correct to the best of my knowledge.

Parent/Legal Guardian

Date

