

Jeffco High School Rodeo Team Information Sheet
2019-2020

Name _____

Address _____ City, Zip _____

Rider Phone _____ Birthday _____

Rodeo Discipline (s) _____

School Name _____ Year in School _____

Parents Name(s) _____

Dad Phone # _____ Mom's Phone _____

Rider E-Mail Address _____

Mom's E-Mail Address _____

Dad's E-Mail Address _____

Name of Insurance Co _____

Policy #'s _____

Insured's Name _____

Emergency Phone # (other than parents) _____

Doctor Name _____ Phone # _____

Any Prescriptions _____

Any Allergies _____

In case of our inability to contact you, this gives the Jeffco HS Rodeo Team adult volunteer(s) in charge, the authority to act as your agent and to proceed as their judgment indicates.

Parent/Guardian _____

Relationship to Rider _____ Date _____

Dues Paid _____ Date _____