

# Miss Rodeo Okotoks Alumni Magic Rodeo Application Form

Name: \_\_\_\_\_

Birthday: \_\_\_\_\_ Age: \_\_\_\_\_

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

Parent/Guardian Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

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

Children's Shirt Size      S      M      L      XL

Would you like to receive email notices of other Miss Rodeo Okotoks events including next year's Magic Rodeo?    Yes    No

I, \_\_\_\_\_ hereby give permission for \_\_\_\_\_ to participate in the Miss Rodeo Okotoks Alumni Magic Rodeo. I understand that my child will be in the rodeo arena, and may be around animals and I am aware of the risk associated with this. I hereby release the Miss Rodeo Okotoks Committee, the Town of Okotoks, and the Okotoks Pro Rodeo Society and their associates and sponsors.

Parent/Guardian Signature: \_\_\_\_\_

Photos may be taken for the purpose of the website or other advertising. If you DO NOT want your child photographed, please initial here. \_\_\_\_\_

# MRO Alumni Magic Rodeo Application Form

## Medical Information

(all information is kept private, unless required in the event of medical emergency, in which case only pertinent information will be shared with health care professionals)

**Name:** \_\_\_\_\_

**Birthday:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Parent/Guardian Phone #:** \_\_\_\_\_

Parents are welcome in the venue with their children. It is recommended that they view the activities from the seating area, as there will be rodeo cowboys/cowgirls, rodeo royalty, and queen alumni to assist the children at the stations and space may be limited. If your child requires your continuous assistance, one chaperone per child will be permitted in the arena area. The meal supplied is intended for participants only. If parents are not in attendance throughout the duration of the event, we ask that you remain within 10 minutes of the venue, or provide us with a contact person that will be.

**I will need to assist my child in the arena**    **yes** \_\_\_\_\_ **no** \_\_\_\_\_

**Please list any medical conditions, allergies, medications, or other information that we need to be aware of.**

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**Does the child use a wheelchair, walker, or other device?** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

All applicants that are accepted will be contacted by mail with all the event information. If you have questions please contact Jenni at 403-512-6357 or Sharyl at 403-803-8916.