

NEW ZEALAND RODEO COWBOYS ASSN. INC.



2018 Trans Tasman High School Youth Development Team

Obligations of representative

- Must be a financial contestant member of NZRCA
- Team members must present themselves at appropriate times in official Trans-Tasman Team clothing.
- Representatives will do nothing to bring the Trans-Tasman Rodeo Programme or NZRCA into disrepute. If poor behaviour occurs, the representative will be liable for all costs associated with the programme and selection.
- That a trip report be presented by each team member to the NZRCA Board within two months of the completion of the Trans-Tasman High School Rodeo Challenge hosted in Australia.

Application Process

With your application please include the following information;

Tick as completed

Latest school report card

Completed 'NZRCA Permission and Medical Consent Form'

Return to NZRCA Board

C/- Shane Bird

Postal Address: 402 Junction Road North, RD 7, Fielding 4777

Email Address: northdirector@rodeonz.co.nz

Name..... NZRCA Member Card No.....

Age.....DOB...../...../..... School Year.....School.....

Home Address.....
..... Post Code.....

Phone..... Mobile.....

Email.....

Rodeos where you contributed to calendar sales:

Full Name on Passport.....

Passport Number..... Passport Expiry Date.....

Applicant's Signature..... Date.....

NEW ZEALAND RODEO COWBOYS ASSN. INC.



Permission- Medical and Consent Form

Event: NZRCA Trans-Tasman High School Rodeo Challenge 2018

I / We give permission for..... (Name)
...../...../..... (date of birth) to participate in the NZRCA Trans-Tasman High School Rodeo Programme,
to attend the Trans-Tasman Challenges in Australia and travel as a team member to participate in its activities.

I / We understand that he / she will be expected to follow all instructions given during that time and realise that failure to do so may result in him / her being sent home at my expense.

I/We give my/our consent for the staff / instructors to act in my child's best interests should first aid, or other care that maybe be required.

- Team Manager – Charlie Halley

Does your child suffer from any of the following?

Asthma Migraine Diabetes Allergy Anything else

Details

Medication which will be sent with my child and instructions for its use:

I / We give permission for the NZRCA Team Manager/ Parent Supporter to administer mild pain relief such as Panadol in the case of a headache or injury? Yes No

Please add, on the back of this form, any other information which you think we should have or know.

I understand that there are risks associated with activities in the outdoors. These risks provide a sense of challenge and achievement. I am aware that all risks will be managed appropriately and that safety will be of prime importance in all activities. I understand that my child needs to be responsible for their own actions and follow all instructions to ensure their safety.

Parent Name.....

Signature..... Date...../...../.....

Contact Details:

Phone: _____ Mobile: _____

Email: _____

Other Emergency Contact:

Name: _____ Phone No: _____

NOTE: If you are considering putting your name forward as a Team Supporter, please complete details below:

Full Name on Passport.....

Passport Number..... Passport Expiry Date