

Clinic Registration Form
Annual Miss Rodeo USA Clinic
May 31st & June 1&2 2024- Ponce De Leon, FL.

Name: _____

Age: _____ (girls 6-27 years of age, or note if observing)

Address: _____

Phone: _____

Email: _____

T-Shirt Size: _____

My goal rodeo queen title is:

DEADLINE FOR CLINIC APPLICATIONS IS MAY 20th, 2024.

PAYMENT: Please go to www.missrodeousa.com to pay online

Please put a checkmark next to your selections.

_____ \$550 - Participant with on the beach photo shoot
-Please see on-line flier for beach photo shoot information.'

_____ \$350 - Participant Clinic Only

_____ \$150 - Observer (committees, parents, directors)

If under the age of 18, include guardians name: _____

Total Amount Enclosed: _____

NOTE: All meals will be provided during the clinic (breakfast/lunch/dinner).

No refunds will be made after payment is received.

****There will be a clothing exchange during clinic****

TRANSPORTATION:

I will be flying into an airport: YES / NO

If yes, what airport: _____

Arrival Time: _____ Departure Time: _____

I will be driving to Ponce De Leon, FL. and will arrive approx.

(Date/time): _____

LOCATION OF CLINIC:

Vortex Spring Adventures 1517 Vortex Springs Ln. Ponce De Leon, FL. 32455

ACCOMMODATIONS:

The Miss Rodeo USA committee is offering 'rustic' accommodation (bunk house style) for \$25/night. Additional rooms available by booking directly with Vortex Spring Adventures. Camp spots also available directly through their site.

Vortex Spring 850-836-4979

**Please note that although it is encouraged to stay at the clinic's host facility, it is not required.*

ADDITIONAL NOTES

All Participants Will Receive:

- * Clinic Binder & Study Guide
- * Valuable pageant information & tips
- * Gifts & prizes from our great sponsors
- * All meals provided for participants and observers

Please be aware of the following:

- * Detailed schedule to follow registration
- * Clinic will begin EARLY Friday morning - approx. 8am
- * Room rate begins Thursday before the clinic (05/30/24)
- * We will finish Sunday afternoon and will try to accommodate early flights/long drives. * Saddles and Buckles will be awarded after the conclusion of the clinic Sunday afternoon.

Applications may be emailed or sent regular mail to:

Miss Rodeo USA Clinic, Attn: Tish Ross 310 Fanes Creek Rd. Ozark, AR 72949

For any questions or concerns, please contact Tish Ross 479-209-2107 or email tacarter2003@yahoo.com

Participant Signature: _____ Date: _____

Parent/Guardian if Participant is under the age of 18:

Signature: _____ Date: _____

DECLARATION OF CONSENT AGREEMENT & WAIVER
Miss Rodeo USA Rodeo Queen Clinic
May 31, June 1st & 2nd, 2024

I, _____ will be participating in the Miss Rodeo USA Rodeo Queen Clinic, May 31, June 1 & 2, 2024. I attest that I am responsible for myself and belongings in route to and from the Miss Rodeo USA Rodeo Queen Clinic. I also will not hold the Miss Rodeo USA Association, the International Professional Rodeo Association, Vortex Springs or its affiliates liable for anything that may be lost, damaged, or any injury that may occur during the Miss Rodeo USA Rodeo Queen Clinic. I am aware that the State of Florida has an Equine law and that any and all injury or accident during the horsemanship section is my own responsibility. I agree to follow the rules and regulations that are covered by the Miss Rodeo USA Association. I also grant the Miss Rodeo USA Association permission to use photograph(s) or electronic media images in any presentation that the association sees fit. By signing, I acknowledge that I am eighteen years of age or older, of sound mind and body, and do so at my own free will.

**** Anyone under the age of 18 needs a signature of a parent or guardian ** Date:** _____

I understand the above statement and agree to the waiver.

Participant (Printed name) _____

Participant (Signature) _____

If under 18, Guardian (Printed Name) _____

Guardian (Signature) _____

Notary Public (SEAL) Notary Public

Signature _____

My commission expires: _____ Commission #: _____