

SOUTHERN OREGON Junior Rodeo Association

SOUTHERN OREGON JUNIOR RODEO ASSOCIATION QUEEN AND COURT PERSONAL EMERGENCY INFORMATION

Contestant name:

Home Address

Home Phone

NOTIFY IN CASE OF EMERGENCY

NAME	RELATIONSHIP	ADDRESS	PHONE

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MEDICAL INFORMATION

Are you covered under a health plan? Yes No If yes, name of plan:

Enrollment ID/Group#: _____ Blood Type: _____

Allergies:

Medication(s) required:

Medical Alert Conditions:

Special Instructions:

Contestant Signature:

Date:

Parent/Guardian Signature
