SECTION 7 – ACKNOWLEDGEMENT STATEMENT

STUDENT-ATHLETE ACKNOWLEDGEMENT STATEMENT

By signing below I acknowledge that I have received a copy of the Navajo Technical University student-Athlete Handbook and reviewed the information contained within the Navajo Technical University Student-Athlete Handbook. I understand the contents of the Student-Athlete Handbook and realize that I am subject to disciplinary measures should I violate them. I agree to participate and conduct myself in accordance with the rules of the Navajo Technical University Athletic Department and any other specific rules of Navajo Technical University or the coaches.

I acknowledge that while a student-athlete at Navajo Technical University my photo may be taken. I understand that the Navajo Technical University Athletic Department reserves the right to co-ownership of those photos with the photographer and to use the photos for departmental, promotional and resale purposes. By signing below I consent my photos to be used for departmental, promotional and resale purposes.

I understand that failure to sign and return this form to my Head Coach will result in my being declared temporarily ineligible for practice or competition.

Print Name:	
Your Sport:	
Signature:	
Date:	
Acknowledgement:	
Athletic Director/Coach	

Sports Physical Form

Nai	me:		Gender: M F	Date of Birth:	//_ F	ather's Name:	
		Daytime phone,	pager, cell phone:		Moth	ner's Name:	
			, pager, cell phone:				
	State:	Zip Code:					
	ergency Contact Person:						
	DICAL ALERTS such as allergi						
Me	edical History:						
Ath	letes and parents: This health rec	ord is a critical elen	nent in the determinat	ion of an athlete's ris	sk of injury	in sports.	
	ase take the time to read and answ						
11. 12. 13.	Has anyone in the athlete's famuncle) died suddenly before age Has the athlete ever stopped ex Does the athlete have asthma (Mas the athlete have a history Has the athlete have a history Has the athlete have a chronic Does the athlete have a chronic Does the athlete have a chronic Does the athlete have any medic Is the athlete allergic to any medic Does the athlete have only one Has the athlete had an injury in consecutive days of practice or Has the athlete had surgery or that the athlete missed more that because of illness, or has the atresolved in the past year?	e 50? ercising because of owheezing), hay fever en bone, had to wear of concussion (getting heat-related illness (illness or see a doct eation(s)? dications or bee sting of any paired organs the last year that can competition? even hospitalized in the sting of the seen hospitalized in the sting of the seen hospitalized in the sting of the seen hospitalized in the sting of the sting of the seen hospitalized in the sting of the seen hospitalized in the sting of the sting	dizziness or passed out, or coughing spells a ra cast, or had an injuing knocked out)? heat stroke)? or regularly for any pags? (Eyes, ears, kidneys used the athlete to mist the past year? It is of participation in utiliness diagnosed that	at during exercise? fter exercise? ry to any joint? articular problem? s, testicles, ovaries) ss 3 or more sual activities has not been	YES NO	Don't Know	
14.	Are you, the athlete, worried ab	out any problem or	condition at this time	?	YES NO	Don't Know	
Plea	ase give details on any "YES" an	swer from the above	health history.				

PHYSICAL EXAM - TO BE COMPLETED BY PHYSICIAN

Height _____ Blood Pressure ____

	Normal	Abnormal Findings	Ini
1. Eyes			
2. Ears, Nose, Throat			
3. Mouth & Teeth			
4. Neck			
5. Cardiovascular			
6. Chest & Lungs			
7. Abdomen			
8. Skin			
9. Genitalia-Hernia (male)			
10. Muskuloskeletal: ROM, strength, etc.			
a. neck			
b. spine			
c. shoulders			
d. arms/ hands			
e. hips			
f. thighs			
g. knees			
h. ankles			
i. feet			
11. Neuromuscular			
Please Print/ Stamp Physician's Name Address Zip Code			Street City, State, Telephone
licensed medical physician, physician signature	ician's assistant, or fa	r medically qualified to participate in sports. I also certimily nurse practitioner. (Doctor of Chiropractic Me	dicine is not

EMERGENCY CONTACT AND PROOF OF INSURANCE

By filling out and signing this form, the parent(s)/guardian(s) are stating that the student athlete is covered by insurance. **REMINDER:** All student athletes must be covered by insurance before they can plan or practice in a university sponsored sport.

Student Name:	Date of Birth:	
Male: Soc	ial Security # Phone:	
Home Address:	City: Zip:	
Father/Guardian's Name:	Work Phone:	
Mother's Name:	Work Phone:	
Primary Health Insurance Co	mpany:	
Name of Policy Holder:		
Employer's Name:	Group ID#	
Policy ID#:	Coverage under Self Parent/Guardian	
If the student is insured unde bottom or back of this form.	er more than one policy, provide the additional information on the	
Date:	Student-Athlete Signature:	
Date:	Parent Signature:	
Emergency Contact In	iformation	
Contact #1: Name	Relation	
Address	Home Phone	
Work Phone	_ Cellular Phone	
Contact #2: Name	Relation	
Address	Home Phone	
Work Phone	_ Cellular Phone	

NAVAJO TECHNICAL UNIVERSITY

STUDENT-ATHLETE TRAVEL RELEASE FORM

All individuals are expected to travel to and from competition with their team, unless they have completed this form and provided it to their coach prior to the event. Student-athletes traveling to and from University funded and/or sponsored events must travel with their team or be accompanied by a coach or staff member. The only exception to this policy is if the student-athlete is traveling with a parent or legal guardian. Any alternate travel must be approved using this form. Student-athletes in violation of this policy will be subject to disciplinary action.

	PERSONAL INFORMATION
Student Name:	Student ID Number:
Home Phone:	Cell Phone:
Sport(s) You Play:	Coaches Name:
	RELEASE REQUEST
Date of Event:	Means of Travel:
Name of Parent/Legal Guardian:	
	Signature (s)
Student:	Date:
Coach/Staff:	Date:



NIRA 2025/2026 — INDIVIDUAL MEMBERSHIP APPLICATION

Social Security # (Mandatory if US Citizen) NIRA# Full Name: Last Mailing Address _____ Permanent Address ______ City_____ State____ Zip ____ Email Address _____ Date of Birth: ____ / ____ / ____ Age ____ Gender: Female Male Current Classification: Freshman Sophomore Junior Senior Graduate College Attending Major course of study: Coach's Name Must Have Rodeo Advisor/Coach's Signature Have you ever taken any prior college courses? YES NO (Must include official transcripts from all institutions attended, including dual/concurrent enrollment while in high school. NO ELECTRONIC TRANSCRIPTS WILL BE ACCEPTED). Do you hold a PRCA card or permit? YES NO If yes, please list each college institution you have attended: Did you attend college this previous term? YES NO Have you ever held a NIRA card before? YES NO Were you a 2024 – 2025 NIRA Member? YES NO **WAIVER AND RELEASE OF LIABILITY** Injury / disease / death. I understand that rodeo and NIRA events are inherently dangerous and create risks of personal injury, including injury resulting in death, to persons, property and livestock. I also understand that attendance at and participation in NIRA events may create a risk of contracting contagious diseases, including COVID-19 in humans. I agree to exercise care to reduce all these risks but I also understand that these risks cannot be completely eliminated, even with the utmost care. I assume the risks of injury, including injury resulting in death, and disease, and on behalf of myself and anyone acting on behalf of myself, my heirs, beneficiaries and survivors, I hereby release the NIRA, its officers, directors, employees, NIRA members, contract personnel, and sponsors from liability for all claims for damages, including damages resulting from death, as a result of any such injury, death, or disease arising out of my participation in and/or attendance at any NIRA event, and I waive the right to assert all such claims. Rulebook Understanding Other claims. I understand and acknowledge that it is my responsibility to read the current By-Laws and Rodeo Rules of the NIRA, that they affect my rights, and that they are legally binding on me. I hereby waive any right to assert all claims against the NIRA, its officers, directors, employees, agents, members, and sponsors arising out of the enforcement or interpretation of the NIRA By-Laws and Rodeo Rules, including By-Laws and Rules concerning eligibility, disciplinary action, hardship, and grievances. Intellectual Property Rights I hereby confirm that I understand and acknowledge that I have assigned to the NIRA, as a condition of membership, my right, title, and interest in the use of my name, words, voice and image (my "intellectual property rights") reflecting my participation in all NIRA events, and that they may be used by the NIRA for any purpose in connection with the commercial exploitation of my intellectual property rights, and may be conveyed by the NIRA, in whole or in part, to any person or entity, in its sole discretion, for the benefit of the NIRA INDEMNIFICATION AGREEMENT I agree to indemnify and hold the NIRA, its officers, directors, employees, agents, members, and sponsors, harmless from any expenses, including reasonable attorneys' fees, incurred as a result of my breach of the release and waiver provisions set forth above. By my signature below I acknowledge that the information provided by me is true and correct, and that I have read, understand, and agree to the above waiver and release of liability and indemnification agreement. This application becomes a binding contract upon approval and acceptance by the NIRA in the national office. By signing this application, I am agreeing to the following provisions: CERTIFICATE OF CLEARANCE AND APPLICATION UNDERSTANDING • In accordance with the Family Educational Rights and Privacy Act, I hereby authorize the Faculty Athletics Representative, Athletics Director, and Registrar of the institution I am attending to release any and all information about me which pertains to my eligibility to participate in intercollegiate athletics. The release of such information shall be restricted to any and all official representatives of NIRA to determine my eligibility or compliance with NIRA rules pertaining to eligibility and disciplinary action. • NIRA membership dues are \$300.00 per NIRA year. This includes membership fees, medical insurance coverage, and an awards assessment fund of \$45. Medical insurance provided by NIRA is mandatory and is excess over any valid and collectible insurance. If the school you are attending is not listed on the back you must pay an additional \$5.00 • NIRA belt pins are available for \$10.00 and rulebooks for \$15.00. · I understand the NIRA has a no refund policy. **Enclosed** is \$5.00 if attending a non-member school (RAWHIDE fee) Enclosed is \$300.00 for dues **Enclosed** is \$15.00 for Rulebook (note: Free copy is available on collegerodeo.com) **Enclosed** is \$10.00 for NIRA belt pin TOTAL REMITTED \$ SIGNATURE OF APPLICANT: If applicant is under the age of majority, both parent(s) or guardian(s) must execute the following addition to the above. BY OUR SIGNATURE(S) BELOW I/WE REPRESENT THAT WE HAVE READ AND UNDERSTAND THE WAIVER AND RELEASE OF LIABILITY AND THE INDEMNIFICATION AGREEMENT ABOVE. AND THAT I/WE AGREE TO BE BOUND THEREBY ON BEHALF OF THE MEMBER/PARTICIPANT AND MYSELF/OURSELVES, ACKNOWLEDGED AND AGREED TO BY: PARENT(S) OR GUARDIAN(S) OF APPLICANT UNDER THE AGE OF MAJORITY. PARENT(S) OR GUARDIAN(S) OF APPLICANT UNDER THE AGE OF MAJORITY.

OFFICE USE ONLY

UFFICE	USE UNLI
NIRA#	
R	S
Board Member _	
Amount Enclosed	\$
	book
	nide
Other	
CR page MO / CC / SC / PC	/ CASH
Yr HS	
Hrs GPA	C S Q
A - HSAffidavit	SS - School Standing
B - Missing Info.	CS - Coaches Sig.
D - DNC	E - NE / 12
D - 9 F - 4 th YR	G - GPA <2 I - I / L
GP - Grad Petition	M - NEM
H - NEH	O - Old App.
N - NME	P - Pers. Ck.
NT - Not Taken	R - Rawhide
RP - Rel. Parent	RS - Rel. Sig.
S - Pres. Sig.	TO - Transfer / Office
TC - Transcript	WD - Withdrawn
V - Void Card	YT - Prior Taken
Y - 6 Yr. RL	

OFFICIAL HIGH SCHOOL AFFIDAVIT • FIRST YEAR NIRA MEMBERSHIP APPLICANTS ONLY •

 \not All new NIRA members must complete this high school affidavit, or send an official high school transcript with the graduation date indicated on the official transcript. \not

1.	` ,	NIRA years of eligibility to compete from the date of his/her graduation ived a general education degree, eligibility will be determined from his/her
	Participant date of birth:	
2.	This affidavit must be verified and signed by your	current college registrar or your high school principal.
	I verify that:	, Student, who is now attending:
Со	ollege/University, DID graduate from:	, High School, on this date
	I verify that:	, Student, who is now attending:
Со	ollege/University, DID NOT graduate from high scho	ol, but received a General Education degree on this date:
	Printed Official Name:	
	Signature:	
	Title:	Date:

MAIL WITH APPLICATION TO: NIRA - 2033 Walla Walla Avenue • Walla Walla, WA 99362