

**The College of Southern Idaho Rodeo Program  
Presents the**

# **CSI CHAMPIONS RODEO SCHOOL**

The CSI Champions Rodeo School will include: colored video tapes or DVDs, classroom instruction, plenty of proven bucking stock, NFR videos, bucking machine, awards to the most improved students, and buckles to the winners.

**ARRIVAL TIME:** 8:00 A.M. February 22, 23, & 24, 2013  
**PLACE:** ELDON EVANS EXPO CENTER-College of Southern Idaho  
North side of campus off of North College Avenue  
**TOTAL COST:** \$375 SADDLE BRONC & BAREBACK. \$400-BULL RIDING  
Add \$10 if you want a copy of the Gary Leffew Positive Mental Attitude Seminar DVD.  
**OFFICE PHONE:** (208) 732-6620, (208) 732-6618, or (208) 732-6619

## **SCHEDULE OF EVENTS**

1. REGISTRATION—February 22, 2013—8:00 A.M.
2. INTRODUCTION OF INSTRUCTORS AND SCHOOL PROCEDURES
3. SEPARATION OF CLASSES
4. CLASSROOM INSTRUCTION
  - a. Colored video of the day's activities.
  - b. Colored video of the National Finals Rodeo.
  - c. Discussion of mental attitude.
  - d. Positive Thinking Seminar by Gary Leffew--Friday evening.

## **SCHEDULE FOR THE THIRD DAY**

1. VOTING FOR THE MOST IMPROVED STUDENT
2. FINAL TEST—CONTESTANTS WILL BE JUDGED USING PRCA RULES AND RUN LIKE A RODEO.
3. AWARDS AND DIPLOMA PRESENTATION

## **OFFICIAL HOTEL**

Best Western Twin Falls Hotel	208-736-8000
1377 Blue Lakes Blvd. N.	Fax 208-734-7777
Twin Falls, ID 83301	Toll Free 800-822-8946 or 888-736-8003

**Make sure and ask for the special CSI Rodeo Program Rate**

# CSI CHAMPIONS RODEO SCHOOL REGISTRATION FORM

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

Application for acceptance to the below listed event: (one event per student)

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

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Event: **February 22, 23, & 24, 2013**

\_\_\_\_\_ Bareback Riding School--\$375.00      \_\_\_\_\_ Saddle Bronc School--\$375.00

\_\_\_\_\_ Bull Riding School--\$400.00

\_\_\_\_\_ Add \$10 if you would like a DVD of the Gary Leffew Positive Mental Attitude Seminar

How many head of bucking horses or bulls have you been on? \_\_\_\_\_

Have you attended any other rodeo schools? \_\_\_\_\_ If so, which school and when? \_\_\_\_\_

Do you have all your own equipment? \_\_\_\_\_

Every Student must submit a copy of their health insurance card. What is the name of your health insurance company and what is your policy number?

Do you have health problems or injuries that should be considered while attending the school? \_\_\_\_\_ If so, please list them. \_\_\_\_\_

How did you find out about the rodeo school? \_\_\_\_\_

**NOTE: All students under 18 years of age must have the release signed by a parent or legal guardian and notarized before participation in any CSI Champions Rodeo School event.**

All applicants **must** have verifiable proof of insurance or they will not be allowed to participate; and deposit **WILL NOT** be refunded.

Applicants will be notified of their acceptance after the CSI Rodeo Program receives the deposit. The remaining balance will be due at Registration. All deposits and fees must be paid with a Money Order or Cash.

**PERSONAL CHECKS WILL NOT BE ACCEPTED!**

## **CSI CHAMPIONS RODEO SCHOOL—RELEASE AGREEMENT**

I, the undersigned, fully understand that in the conduct of this event there are numerous circumstances which could cause personal injury to me and others. Understanding that participation in this event has those risks, I hereby agree to release the College of Southern Idaho, its agents and employees from any and all claims or causes of action which might arise from this event. I also agree to abide by the rules of the College of Southern Idaho for this event, and permission is granted for the College of Southern Idaho and its affiliates the right to photograph and use my likeness for publicity purposes.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Applicant's Signature \_\_\_\_\_

Applicant's Printed Name \_\_\_\_\_

Applicant's Address \_\_\_\_\_

Applicant's Phone # \_\_\_\_\_

\*Applicant's Date of Birth \_\_\_\_\_

\*If applicant has not reached his or her eighteenth (18) birthday before the first day of the event, a parent's or guardian's statement must be signed and **notarized.**

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We, the undersigned, grant permission to our son or daughter to participate in the above listed event, and in doing so, release the College of Southern Idaho and their assigns or any individual, from responsibility of liability for personal injury, loss or damage to private property incurred by or to the above named participant while taking part in the above named event. It is further agreed that the named applicant will abide by the rules of the College of Southern Idaho during the event, and permissions is granted for the College of Southern Idaho and its affiliates the right to photograph and use his or her likeness for publicity purposes.

Being duly sworn upon oath deposes and says this statement is true.

Parent or Guardian's Signature \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ in

the State of \_\_\_\_\_, County of \_\_\_\_\_, my

commission expires \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

Return this application to: Steve Birnie, College of Southern Idaho, P.O. Box 1238.  
Twin Falls, Idaho 83303. Phone: 208-732-6620. Fax: 208-732-6617