**Blossomtime Festival**

**❖** **CVT Code** \_\_\_\_\_\_\_\_\_\_\_

**❖** **School District Code** \_\_\_\_\_\_\_

**Community Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2023 Blossomtime Community QUEENS Competition**

**Official Application and Release Form**

**Contestant Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Street (not a P.O. Box)

**City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Zip:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contestant Cell #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**High School Attended and Dates:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Grade:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sex:** \_\_\_\_\_\_\_\_\_\_ **Age:** \_\_\_\_\_\_\_\_\_\_\_ **Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **T-Shirt Size:** \_\_\_\_\_\_\_\_\_\_\_\_

**Mother/Guardian Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Cell #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Street (not a P.O. Box) City State Zip

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Father/Guardian Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Cell #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Street (not a P.O. Box) City State Zip

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Official Regulations and Application Representations

**Please Read Carefully**

1. I understand that I must be at least 17 years of age, but not more than 19 years of age as of pageant day, the year of the Miss Blossomtime Competition in which I participate, and no more than a college freshman currently. I must have a minimum and maintain a 2.0 GPA to participate in any of Blossomtime’s events throughout the year. I will provide a school transcript or report card showing my GPA is a 2.0 or higher. I must maintain at least a 2.0 GPA throughout my reign. I must notify my Community Chairman and the Blossomtime Festival Board of Directors immediately if my GPA goes below a 2.0. This may affect my eligibility to participate in the competition and if chosen, my reign as a community queen. Local Community Chairpersons are required to also notify the Board of Directors if any violation occurs.
2. The contestant is female. I represent that I am not now married, have never been married, nor has had a marriage annulled, nor will get married during the year of service. The contestant is not now pregnant, not a parent or the adoptive parent of any child, nor will she become a parent, or the adoptive parent of any child, during her year of service. I understand if any of these conditions change that I must notify the Blossomtime Festival Board of Directors immediately and that this may affect my eligibility to participate throughout the year as a representative. Local Community Chairpersons are required to notify the Board of Directors if any violation occurs.
3. I am a citizen of the United States of America.

**❖** **I MUST submit with this application a copy of my birth certificate and my driver’s license. If a driver’s license isn’t available, a student id will be required. On the top of this application form I must enter my CVT code and school district code in the space provided.**

1. I understand that I must be a resident of the community which I represent at both the time of the community pageant as well as the Miss Blossomtime Pageant. If selected as a member of the Blossomtime Court or Community Queen, I intend to continue to maintain, a permanent, year-round residence within Southwest Michigan. I understand that if I move from Southwest Michigan during the year of my reign, and as a result I am unable to fulfill my obligation to Blossomtime, the Board of Directors may forfeit my title and any prizes or scholarships awarded to me. Finally, I understand that participants may not cohabitate with a girlfriend/boyfriend during the reigning year.
2. I represent that I have never been charged or convicted of a criminal offense. Some common examples are drunk driving, reckless driving, minor in possession of alcohol, shoplifting, malicious destruction of property, or possession of drugs. I also represent that I do not have any juvenile adjudications in juvenile court for any similar offense. I understand that any conviction or juvenile adjudication disqualifies me from participating in the Miss Blossomtime Competition and/or any Blossomtime activities. I further understand that I have a continuing duty to notify the Blossomtime Festival Board of Directors immediately if I am charged with a criminal offense or petitioned into juvenile court for a similar offense in the course of the competition or during my reign on the Blossomtime Court or as a Community Queen. Pending a resolution of criminal charges, the Board of Directors/Community Chairperson may suspend the individual from participating in Blossomtime activities or, where the Board of Directors/Community Chairperson finds there is sufficient evidence to conclude that I have committed a criminal offense and that it is appropriate to do so, forfeit my title, and prizes or scholarships. I understand that if selected for the Miss Blossomtime Court or as a Community Queen, that any conviction of a criminal offense during my reign will result in the forfeiture of my title, any prizes, or scholarships. I must notify the Blossomtime Festival Board of Directors immediately and that this may affect my eligibility to participate in Blossomtime activities. Local Community Chairpersons are required to notify the Board of Directors if any violation occurs.
3. I agree to abstain from using drugs, alcohol, vaping, or tobacco products during my reign. I understand that my title may be forfeited, whether I am convicted or not, if the Board of Directors finds sufficient evidence to conclude that I have used drugs, alcohol, or tobacco. I understand that being in attendance where alcohol is available (other than a licensed alcohol establishment which serves alcohol or a function with my parents or a Blossomtime chaperone present) is forbidden and may result in immediate forfeiture of my title and prizes. I must notify the Blossomtime Festival Board of Directors immediately and that this may affect my eligibility to participate in Blossomtime activities. Local Community Chairpersons are required to notify the Board of Directors if any violation occurs.
4. If chosen as part of the Blossomtime Royalty Court or as a Community Representative, you must adhere to the Blossomtime dress code guidelines. Failure to comply could cause termination of your title.
5. I represent that I am physically able to participate in pageant rehearsals and all Blossomtime Festival activities.
6. I represent that I am now attending, or have graduated from, high school. I must notify the Blossomtime Festival Board of Directors immediately if I fail to complete my high school requirements. This may affect my eligibility to participate. Local Community Chairpersons are required to also notify the Board of Directors if any violation occurs.
7. I understand that Miss Blossomtime contestants may compete in the Miss Blossomtime Pageant only one time.
8. I represent that I hold no other local, state or national titles and understand that I must have the permission of the Blossomtime Festival Board of Directors to participate in any other competition. I understand that I am not eligible to run for another title without board approval, after successfully completing 9 months of active reign I may petition the Board to request an approval. A letter must be written to the Blossomtime Board of Directors requesting to compete for another title. All written requests must be made prior to the contest/pageant you are seeking to enter.
9. If I am selected as a community representative, Miss Blossomtime, or a member of the Court, I agree to participate in ALL designated Blossomtime Festival activities (example: Pageant week, Tour week, Coronation Ball, Grand Floral Parade) and abide by the rules and regulations of Blossomtime, Inc., including the Excused Absence Policy as set forth in the Handbook and provided below.
10. If selected as a community representative, Miss Blossomtime or a member of the Court I agree to the following:
    1. Miss Blossomtime may not, from the date of selection, participate in photos or videos, endorse, or in any way infer support of any commercial product or make personal appearances ***as a representative of the Blossomtime Festival*** without the consent of the Blossomtime Festival Board of Directors.
    2. Except as approved by the Blossomtime Festival, as a community winner I understand that during the year of my reign, I must not participate in any written or oral or implied endorsement or testimonial of any product or service for any commercial organization. If I am a Blossomtime Festival winner, said restriction will continue throughout my reign.
11. I understand that any scholarships I earn will not be paid until my reign has been completed i.e. "May 1 of the year following my crowning" and all Blossomtime requirements have been completed satisfactorily and so approved by the Blossomtime Board of Directors. The scholarship money will be paid directly to an accredited college, university, or trade school upon written proof of registration and itemization of fees payable and that I will receive no cash in lieu of unused scholarships. I understand that I have one year from the date I complete my reign to claim my scholarship. Any unclaimed scholarships after the year will become null and void. You must contact the Blossomtime Office immediately if an extension needs to be made. If the Queen and/or court members voluntarily give up their title, or if their title is removed for disciplinary actions, all scholarship monies will be forfeited along with any prizes and gifts awarded.
12. The winner of the Community Pageant or Miss Blossomtime Pageant, shall be designated “Miss Community Pageant” or “Miss Blossomtime” (hereinafter referred to as contestant/titleholder)

The contestant/titleholder does not own, have the right to, or control, in any way, the titles, crowns, logos, sashes, social media accounts, or other property of the Blossomtime Organization. Should the contestant/titleholder not meet her obligations, she may be advised to “cease and desist” the use of any titles, words, crowns, sashes, logos, social media accounts, or other properties associated with the Blossomtime Organization.

1. **The Blossomtime Festival must be notified of all social media accounts. This includes, but is not limited to Facebook, Twitter, Instagram, My Space, Snapchat, TikTok, etc. Further the Festival must be able to view each of these accounts. Remember that inappropriate postings on your social media accounts can reflect negatively on you and the Blossomtime Festival and can lead to the forfeiture of your title, prizes, and scholarship.** If notified of an inappropriate picture or post, you must remove it immediately.
2. I understand that if there exists any misstatement or inaccuracy in this application or a late failure to adhere to and abide by the Blossomtime Festival requirements herein or applied from time to time, the Blossomtime Festival may summarily and without notice to me terminate my participation in all Blossomtime Festival activities.
3. If I am chosen to be a community representative or on the Blossomtime Court, my family and I must participate in the build of the community float and/or Blossomtime float. Example: Building the unit, chaperoning, and taking the float to parades.

**Other General Rules for All Contestants**

* **Alcohol, Illegal substances, tobacco, Vaping and Smoking**

The use or possession of alcohol or illegal substances or in the presence of either by participants is strictly prohibited and will be ground for immediate dismissal. Attending parties and events where alcohol and illegal substances are present are grounds for immediate dismissal.

Smoking/vaping is prohibited during all Blossomtime Festival functions and during a contestant’s reign and will be grounds for dismissal.

**No warnings will be given. Failure to comply will result in immediate dismissal.**

* **Communication Devices**

I understand that I am not allowed to have cell phones, Apple watches, Bluetooth devices, laptops or any other communication device when taking part in Blossomtime Festival events or during the hotel stays during the events. If I choose to bring these devices, they will remain in the possession of the chairperson or chaperone during that function. While at a Blossomtime event (i.e. community pageants, and Berrien County youth fair) your cell phone must be not used.

**Only one warning will be given.**

* **Body piercing**

Only **one pair of earrings** is allowed at any time for Blossomtime queens. Other body piercing must be removed or covered during Blossomtime Festival events. No nose, tongue, lip, or other various piercings will be acceptable.

**No warning will be given.**

* **Tattoos**

**Visible tattoos are not allowed**. They must be covered at all times. **No warnings**.

**Blossomtime Festival Policy on Excused Absences for all Participants:**

**You are allowed 2 excused absences.** All excused absences must have prior approval by email from the Chaperone Chairperson.

The Blossomtime Festival Board of Directors will review any further requests to determine if the participant is unable to fulfill his/her duties and whether removal from the Miss/Mr. Blossomtime Court is in the best interest of the Blossomtime Festival.

**Any unexcused absences** will be reported to and dealt with by the Blossomtime Festival Board of Directors and may result in termination of your reign.



CONSENT AND HOLD HARMLESS AGREEMENT

By their signatures below, the applicant and her parent(s) or guardian(s) certify: 1) they have read and understand the rules and regulations as set forth in this document; 2) the applicant meets the requirements and will comply with the regulations stated; 3) they understand that untrue statements, misrepresentations, or failure to comply may result in the applicant's disqualification and/or forfeiture of any Blossomtime Festival title; 4) we hereby release to the Blossomtime Festival the applicant's records at any high school attended by her; 5) we do hereby release, unconditionally, and forever, any claim against the Blossomtime Festival, its officers, directors, agents, employees and corporate sponsors, and agree to hold them harmless as to any claim arising out of any participation in the Blossomtime Festival or its activities.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent(s) or Guardian(s) Date

CERTIFICATION OF ENTRY AND ENDORSEMENT

This certifies that to the best of my knowledge, the above-named contestant meets the stated regulations and requirements for entry into the Blossomtime competition and Festival activities.

Name of Community: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Community Representative Title Date

Please note: This form accompanied by the community entry fee must be turned in to the Blossomtime Festival office **no later than the second Monday** following your community competition.



**Blossomtime Cell Phone/Photo Release Policy**

The Blossomtime Organization has a very strict policy on cell phone usage during rehearsals and on Pageant Day. The following policy is to be observed by all Contestants.

1. Cell phone usage is prohibited at all practices and rehearsals. Only one warning will be given. Should a situation arise that requires a contestant to us their phone, they must first obtain permission from the Pageant Chairperson prior to use. Phones will be brought to practices or rehearsals and collected by the committee. They will be returned at the end of practice.
2. On Pageant Day, all contestants **must** turn in their cell phones to the appointed Committee Volunteer when signing in for the day. **No exceptions.** All phones will be labeled and locked up for safe-keeping and will only be released upon a contestants' signing-out or in the event of an emergency.
3. Contestants further understand that their bags and other belongings may be subject to search for cell phones or other communication devices, with the contestant present, at any time on Pageant Day.
4. I, the undersigned, do hereby consent and agree that the Blossomtime Festival, Inc., its employees, or agents have the right to take photographs, videotape, or digital recordings of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and to use these in any and all media, now or hereafter known, and exclusively for the purpose of promotion of the Blossomtime Festival, Inc. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.
5. I do hereby release to the Blossomtime Festival, Inc., its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used.
6. I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback.
7. I also understand that neither the Blossomtime Festival, Inc. are responsible for any expense or liability incurred as a result of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result.
8. I represent that I am at least 18 years of age or am the legal guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and have read and understand the foregoing statement, and am competent to execute this agreement.
9. **I understand that by not complying with this policy I am at risk of becoming ineligible before and after the Pageant. I understand that in order to compete in any Blossomtime Pageant, I must agree to, sign, and return this form to the Chairperson by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Contestant Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Parent or Legal Guardian Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Chairperson Date**

**Blossomtime Festival, Inc.**

**Social Network Release Form**

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

Cell Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instagram Account Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facebook Account Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Twitter Account Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TikTok:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father/Guardian NameMother/Guardian Name

Parent’s Home Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father/Guardian NameMother/Guardian Name

Father/Guardian Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother/Guardian Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Cell Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father/Guardian NameMother/Guardian Name

I agree to the guidelines set forth by the Blossomtime Festival regarding any and all social media. I will permit Blossomtime and its agent’s access to these accounts at all times during my participation with the Blossomtime Festival. Further, I agree to abstain from the use of foul language, any posts that may be deemed as bullying, or engage in any inappropriate comments, tweets, or posts. Violation of this policy will result in immediate dismissal.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature) (Date)

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(Parental/Guardian Signature) (Date)

**BLOSSOMTIME COMMUNITY QUEEN CONTESTANTS**

**EMERGENCY MEDICAL TREATMENT**

Contestant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Street City State Zip

Contestant Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contestant Cell #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Street City State Zip

Cell #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State Zip

Cell #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TO BE COMPLETED BY THE CONTESTANT:**

Are You Currently under a Physician’s Care? Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_ If Yes, List Reason\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do You Take Medication Daily? Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_ If Yes, List Medication(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are You Allergic To Any Food Or Have Any Special Dietary Needs (Vegan, Etc.)? Yes\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_

Are You Allergic To Any Medications? Yes\_\_\_\_\_\_ No\_\_\_\_\_\_If Yes Please List\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any medical issue we should be aware of:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Health Insurance\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Group #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Physician\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State Zip

Name of Dentist\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State Zip

CONSENT FOR MEDICAL/DENTAL/SURGICAL TREATMENT

Name of Patient \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, minor. Permission is hereby given to this hospital, its physicians and its nursing staff to administer any treatment, diagnostic, therapeutic, or to administer such surgical procedures as may be deemed necessary or advisable in the diagnosis and treatment as condition warrants, and to release information as may be necessary for hospital claims.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Legal Guardian Signature of Witness

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Patient Date