



JUNIOR ROYALTY

APPLICATION

2020

If you are ready to have a year full of fun, meet new friends, create memories, and develop your speaking skills then the Marysville Strawberry Festival Junior Royalty is just for you. The Junior Royalty will travel to different parts of Washington State representing the Marysville Strawberry Festival and the Marysville Community.

Please complete and sign the following application forms and return by
January 31st 2020 to:

Scan and email applications packets to maryfest@gmail.com

Or

Drop off in person by emailing the above address to coordinate.

You will receive written notice of acceptance upon verification of required qualifications. For further information please email maryfest@gmail.com
Maryfest, Inc. is an all volunteer non-paid organization and does not have a staffed office. The Pageant Director will get back to you as quickly as possible. Pageant will be held in March, 2020.

JUNIOR ROYALTY QUALIFICATIONS

- All candidates must currently be in the Sixth (6th or 7th) grade
- All candidates must live within or attend the Marysville / Lakewood School Districts boundaries
- All candidates must have a cumulative Attendance Record of 90%
- Candidates will, at no time drink alcoholic beverages, smoke in public or knowingly participate in any illegal activity or detrimental behavior. Breaking this rule will result in immediate removal.
- All Candidates must attend ALL pre-pageant events and rehearsals
- Candidates must be of good character, cannot be married, cannot have children or be pregnant.
- All Pageant rehearsals are CLOSED to anyone not participating in Pageant
- The Official Marysville Strawberry Festival Royalty Court will consist of 6 members. Three (3) from the Senior Royalty (Junior or Senior in high school) and three (3) from the Junior Royalty (6th or 7th graders).
- Any monies received will be awarded after the completion of the one (1) year Royalty reign. Guidelines will be presented to the Royalty members after they have been selected.

I have read the enclosed information and would like to submit my application to run as a Candidate for the Marysville Strawberry Festival Junior Royalty. To the best of my knowledge, I meet the above requirements and will adhere to the rules as set for the, understanding that any violation of the rules will mean and immediate removal from participating in the Pageant or removal as a member of the Royal Court. I have completed and signed the attached forms and have the approval of my Parents/Guardian as attested to by their signature on the forms. If selected, I further agree to participate in the Marysville Strawberry Festival Events as directed by the Festival Officials for one (1) year and will abide by the rules as set forth by the Maryfest, Inc. the sponsoring organization of the Marysville Strawberry Festival. I understand that if chosen as part of the Royalty, and any rules are violated, I not only lose any monies awarded but also the crown, sash, clothing and all gifts received during my reign.

Applicant's Signature

Date

Parent/Guardian Signature

Date

The Marysville and Lakewood School Districts have neither reviewed nor approved the program; personnel, activities or organizations announced in this flyer and undertakes no responsibility to supervise these events. Permission to distribute this flyer should not be considered a recommendation or endorsement of the program by the district. In consideration of the privilege to distribute these materials, the Marysville and Lakewood School Districts shall be held harmless from any cause of action or claim arising out of the events or activities advertised in these materials; include all costs, attorney fees and judgments or awards.

JUNIOR ROYALTY APPLICATIONS

Please type or print clearly

Name _____

Gender _____ Preferred Pronouns _____

Mailing address: _____

Street address (if different from above) _____

City _____ State _____ Zip _____

Home phone _____ Cell Phone _____

Email _____

Parent/Guardian (1) Name _____

Parent/Guardian email _____ Contact Number _____

Parent/Guardian (2) Name _____

Parent/Guardian email _____ Contact Number _____

Brother's Name & Ages _____

Sister's Name & Ages _____

Current School _____ Grade – 6th () 7th ()

Your Favorite Subject in School & Why: _____

Award & Honors You Have Received: _____

Clubs / Organizations You Belong To: _____

Community Involvement: _____

Who Is the Person You Admire Most & Why: _____

Interesting Facts You Want Us to Know About: _____

THE REASON I WANT TO BE PART OF THE MARYSVILLE STRAWBERRY FESTIVAL JUNIOR ROYALTY IS:

Marysville Strawberry Festival Junior Royalty 2020 Indemnity Form

KNOW ALL PERSON BY THESE PRESENT: That the undersigned,

_____, hereby releases,

The Marysville Strawberry Festival, dba Maryfest, Inc., the Marysville School District #25 and the City of Marysville and its volunteers, employees and agents of and from any and all claims, demand, damages, actions, causes of action, or suits of any kind or nature, including claims for any and all injury and property damage or loss sustained as a result of any accident which may occur during the Marysville Strawberry Festival Pageant. That this release is expressly intended to cover and include all claims, civil or otherwise, past, present or future, which can or may ever be asserted by the undersigned, their heirs or others as a result of injuries, illness, disease or damage to property of aforesaid person or the effects or consequences thereon. The undersigned hereby declares that the terms of this agreement have been completely read and are fully understood and voluntarily accepted.

Royalty Candidate Signature

Date

Printed Name of Royalty Candidate

Phone number

Parent/Guardian Signature (if under 18 years old)

Date

Printed Name of Parent/Guardian

Phone Number

Marysville Strawberry Festival Junior Royalty 2020

AUTHORIZATION FOR MEDICAL TREATMENT

We, the undersigned, _____ (Parent/ Guardian) having legal custody of _____ (Royalty Candidate), a minor, do hereby authorize any medical services that may be rendered to the minor under general or special instructions of the Physician _____ M.D. whether such diagnosis and/or treatment is rendered at the office or said physician or at a licensed hospital. In the event that there is no family physician, we authorize the Marysville Strawberry Festival dba Maryfest, Inc. Representative to secure appropriate medical attention. It is understood that this consent shall remain in effect until April 30, 2018 or is revoked in writing by the undersigned.

Parent/ Legal Guardian Signature

Date

Witness Signature

Date

Royalty Candidates Full Name: _____

Birth Date: _____ Date of last Tetanus Booster _____

Allergies (Drugs, Food, etc.) _____

Present Medications: _____

Emergency Phone Numbers: _____

Parent/ Legal Guardian Name

Relationship

Home Phone

Work Phone

Cell Phone

Parent/ Legal Guardian Name

Relationship

Home Phone

Work Phone

Cell Phone

Family Physician: _____ Phone: _____

Address: _____

Dentist: _____ Phone: _____

Address: _____