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.

Marysville Strawberry Festival Junior Royalty Application
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 Application

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.

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<th>Parent/ Legal Guardian Signature</th>
<th>Date</th>
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<th>Witness Signature</th>
<th>Date</th>
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Royalty Candidates Full Name: ____________________________________________________________

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<tr>
<th>Birth Date:</th>
<th>Date of last Tetanus Booster</th>
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<th>Allergies (Drugs, Food, etc.):</th>
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<tr>
<th>Present Medications:</th>
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| Emergency Phone Numbers: |

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<th>Parent/ Legal Guardian Name</th>
<th>Relationship</th>
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<th>Home Phone</th>
<th>Work Phone</th>
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<th>Family Physician:</th>
<th>Phone:</th>
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<th>Address:</th>
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<th>Dentist:</th>
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