

West Virginia Strawberry Festival
Queen/Teen Queen Application

Name _____
Birthdate _____
Mailing Address _____
E-mail _____
City _____ State _____ Zip _____
County _____ Hometown _____
Home Phone _____
School Phone _____
Business Phone _____
Occupation _____ Employer _____
Height _____ Weight _____
Hair Color _____ Eye Color _____

Parent's Names _____
Parent's Address _____
Parent's Phone _____
Father's Occupation _____
Mother's Occupation _____

Please list your hometown Newspaper(s)

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Sponsors _____

School Attending & Course of Study _____

Personal Information (used for interview questions)
Three words that best describe you _____

School and Community Activities (include any awards or honors)

One strongest talent _____
Hobbies _____

Personal Achievement that you are proud of _____

Most unusual quality _____

Social Cause that means the most to you _____

Most unusual thing you have ever done _____

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Most vivid childhood memory _____

Where do you see yourself in 10 years? _____

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WEST VIRGINIA STRAWBERRY FESTIVAL PAGEANT MEDICAL CERTIFICATE &
RELEASE FORM

DELEGATE'S NAME: _____

Cell Phone: _____

EMERGENCY CONTACT: _____

Cell Phone: _____

INSURANCE COMPANY: _____

POLICY NUMBER: _____

I hereby attest to the fact that I am presently in good physical condition and have no known health restrictions, which would limit my active participation in the pageant.

Medical Information:

List any ongoing medical conditions for which you are currently being treated or taking medication:

List any medication you are currently taking:

List any allergies to medications (e.g. penicillin) _____

Do you have any of the following conditions: (check only if applicable) Epilepsy _____

Diabetes _____ Asthma _____ High Blood Pressure _____ Other (please specify) _____

PARENTAL/DELEGATE CONSENT FOR MEDICAL DIAGNOSIS, TREATMENT, BILLING OF INSURANCE AND RELEASE OF LIABILITY (Parental signature needed for minors and delegates who are on their parents Insurance) I (we) hereby consent to allow WV Strawberry Festival, and staff to select a hospital, clinic, or other medical facility that shall be authorized to diagnose and treat: _____

for any medical problem that may occur during her stay at the WV STRAWBERRY FESTIVAL Pageant. In addition, I (we) hereby give permission to those granting services to bill our Insurance Company listed for any and all services listed. I (we) agree that by participating: 1. There are inherent risks of injury. 2. I (we) knowingly assume those risks and agree to indemnify and hold harmless, the WV Strawberry Festival Association for all injuries sustained, except those caused by the producer's sole negligence.

Print contestant's name

Print Parent/Guardian's name Date

Contestant's Signature

Parent's Signature

Please contact Kristy Spencer with any questions

wvstrawberrypageantdirector79@gmail.com

Or phone at (304)516-1751.