



MISSISSIPPI

PROGRAM BOOK INFORMATION-FORM 1

Local Program _____

Full Name _____

Year _____

The following information will be placed in the Program Book next to your photograph.

Your Preferred Name _____

High School Name _____

State how you prefer your family's names to be listed in the Program Book:

Parents _____

Sister(s) _____

Brother(s) _____

Talent:

Type (pointe, vocal, piano etc.): _____

Music: _____

College Preference: _____

Career Goals: _____

List up to 10 Honors/Activities:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

Local Program Information- You may need to contact your Local Chairman for this information.

Sponsor _____

Chairman _____



PRODUCTION INFORMATION – FORM 2

Local Program _____

Full Name _____

2011

1. Talent presentation (Be Specific): _____

2. Title of music _____ Is it from: a Play___ TV/Movie___ Singer/Songwriter___

3. Recorded musical accompaniment used? YES NO

4. Microphone requirement: NONE STAND HAND HELD LAPEL HEADSET

5. Costuming: Describe in detail, including color, the costume you will use for performance.

6. Talent Presentation: Describe in detail the components of your performance.

Please write an introduction for us to use in presenting you to the audience. It should be about 20 seconds long and include any unusual information about your talent, costume, music and/or script. Our production committee will review your introduction and discuss any changes that may be necessary. The following is a sample introduction:

“Mary Smith has been a dancer for 10 years. Tonight, she will share with us her love of art as she presents a pointe number she choreographed to the song “Friends” by Michael W. Smith and Kathy Troccoli. Through her dance, Mary hopes to share her belief that saying good-bye can be sweetened by the understanding that through faith and love, friendship can be forever. I present Mary Smith, Distinguished Young Woman of New York.

Your Talent Introduction:



HEALTH FORM - Form 3

Name: _____ State: _____ Year: _____

Program name: _____

Street address _____

City: _____ State: _____ Zip: _____

Date of birth: _____ Social Security Number: _____

Family physician: _____ Phone: _____

Date of last physical exam: _____ Doctor: _____

Dates and reasons for past hospitalizations _____

Company and plan name of medical insurance: _____

Policy Number: _____

Height: _____ Weight: _____ Blood pressure: _____

Place a check next to any of the following you have or have had:

- Diabetes, Epilepsy, Hypertension, Arthritis, Heart disease, Hepatitis, Ulcers, Tuberculosis, Kidney disease, Congenital defect, Asthma, Anemia

Allergies to medicines Explain: _____

Other Allergies (e.g. pets/hay fever/foods) Explain: _____

If you take allergy medication, please list types and dosage here: _____

Do you wear glasses or contacts? Yes No

Have you had chest X-rays? Yes No Date: Results if Known:

Have you had an EKG? Yes No Date: Results if Known:

Have you been immunized against tetanus? Yes No Date of last immunization

List all current medications _____

Are you on a special diet? Yes No Explain: _____

Are you vegetarian? Yes No If so, do you eat chicken, fish or any animal by-product? Yes No

Religious preference in case of emergency (be specific): _____

Medical limitations/special note (physician completes this): _____

Physician's signature _____ Date _____

Print Name _____

To the best of my knowledge, all of the above information is correct. I believe there is no physical condition or other condition that will limit the full participation by the contestant named above in the Distinguished Young Women Program, except as our physician notes above. Should a medical problem arise, the Distinguished Young Women officials will attempt to notify me by telephone. If the official cannot reach me, I give consent to such medical treatment as deemed necessary by a licensed physician or nurse.

Parent/guardian's signature _____ Date _____

Print Name: _____

Please list two emergency contacts:

1. Relationship Home phone: Cell phone:

2. Relationship Home phone: Cell phone:



HOST FAMILY INFORMATION – FORM 4

Local Program _____

Full Name _____

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It is important that you not neglect good eating habits while you are in Meridian. Please let your host family know of your particular likes and dislikes regarding types of foods. They will be providing you with breakfast and dinner most days (lunch is provided during rehearsals or activities).

List your favorite Breakfast and Dinner foods.

What are your favorite snacks and drinks?

If your host mom could prepare your favorite meal, what would it be?

Do you have any allergies?

Food? _____ Yes _____ No list _____

Pets? _____ Yes _____ No list _____

Medications? _____ Yes _____ No list _____

Your host family has dedicated this week to helping you make the most of your stay in Meridian. Don't be embarrassed to ask for their help and to show your appreciation of them during your stay and after you return home.

If you should need anything during your stay in Meridian, your host family should be the first place you go. If they cannot help you, they will see that someone with the program can. They are here for you!



MISSISSIPPI

HOMETOWN PUBLICITY INFORMATION – FORM 5

Local Program _____

Full Name _____

2011

[Empty rectangular box]

Name of your local newspaper: _____

Address _____ City _____ State _____ Zip _____

Contact person: _____

Tel. #: (____) _____ e-mail _____ FAX (____) _____

Name of local TV station: _____

Address _____ City _____ State _____ Zip _____

Contact person: _____

Tel. #: (____) _____ e-mail _____ FAX (____) _____

Name of local Radio Station: _____

Address _____ City _____ State _____ Zip _____

Contact person: _____

Tel. #: (____) _____ e-mail _____ FAX (____) _____

Your Local participation was

Local Program _____ Local Chairman _____

Contact information _____ e-mail _____

Distinguished Young Women scholarships and awards:

Indicate the dollar value of all the Distinguished Young Women awards you have received:

	Local	State	Total
Cash Scholarships	_____	_____	_____
Grants/tuition scholarships	_____	_____	_____
Merchandise and gifts	_____	_____	_____
Total	_____	_____	_____



RELEASE OF LIABILITY - FORM 6

My daughter/legal ward, _____ has my permission to participate in the Distinguished Young Women of Mississippi program/Mississippi Junior Miss program week, to be held on July 14 - July 20, 2019. I hereby release and discharge Distinguished Young Women/MJM volunteers, State Chairman of Distinguished Young Women of Mississippi/MJM and all other directors, officers and committee members of Distinguished Young Women of Mississippi/MJM and Distinguished Young Women of America/AJM, from any and all claims, demands, damages, actions, causes of action, at law or in equity, resulting or to result from her participation in the program, including, but not limited to, any liability for injury, unless caused by the gross negligence or willful misconduct of anyone so released.

PARENT/GUARDIAN SIGNATURE

DATE



MISSISSIPPI

INVOICE – FORM 7

Name _____ Program _____

Address _____ City, ST Zip _____

Phone _____

Qty	Description	Unit Price	TOTAL
1	Costume Package	\$115	\$115
	Opening Number: Opening Number Top		
	Fitness: Crop / Leggings Fitness Top Sports Bra Socks		
	Week's night out: 2 DYW State T-shirts		
	Program Book Contestant Headshot Session and Photo		
		Sub Total	\$115
		S & H	0
		Tax	0
		TOTAL	\$115

Make check payable to: Distinguished Young Women of MS. Check # _____
 (Attach your check to this form)

Distinguished Young Women Foundation State Participant's Agreement 2020

Participant's Full Name: _____
first middle last

Participant's Address: _____

Participant's Email: _____ Phone: _____

Name of State Program: _____ Program Year: 2020

Address of State Program: _____

Distinguished Young Women is a national scholarship program for high school girls to develop their full, individual potential through a fun, transformative experience in Life Skills Workshops, positive peer environments and a celebratory showcase of their accomplishments.

The undersigned, the Distinguished Young Woman of _____ for 2020, a winner or representative of a duly licensed Local or At-Large Program of Distinguished Young Women for the applicable Program Year, hereby enters into this Agreement to be a participant ("Participant") in the program known as Distinguished Young Woman of _____ ("State Program") for the 2020 State Program year. In consideration of Participant's participation in the State Program, Participant represents that, except as otherwise provided, all the statements and requirements contained herein are correct as of the date of this Agreement and shall have been correct at all times during Participant's participation in or contractual obligation to any program or contest involving Distinguished Young Women Foundation or its or their duly authorized licensees, regardless of designated program name or title (the "Program(s)"). Participant may not compete in any State Distinguished Young Women Program other than this State Program. Participant understands that if she is selected as the State Program's representative, she will make herself available to participate in the National Program of Distinguished Young Women ("National Finals"), **tentatively scheduled from June 17-28, 2020**, subject nonetheless to all requirements and contract terms as such National Program may impose or require.

1. Qualifications:

- US Citizen: Participant represents that she is a female citizen of the United States of America and is a bona fide resident of the licensed state referenced above. Participant shall submit proof of U.S. citizenship (a birth certificate or passport) at any time as requested by the Programs.
- High School Senior: Participant shall be a bona fide high school senior enrolled in the senior class of a high school or other approved educational program of equivalent scholastic standing ("High School") at the time of the State Program, will have been a High School senior continuously during the six months preceding the 2020 National Finals of Distinguished Young Women, and will not graduate from such High School prior to April of 2020. Participant understands that she must meet any minimum grade point requirement established by the State Program.
- Status: Participant shall be single, shall never have been married, had a marriage annulled; nor had a child, nor shall she be pregnant.

2. Certificate of Health: Participant will submit a Certificate of Health, signed by a physician, at any time requested throughout her participation in the Programs.

3. No Entry Fee: Participant understands that the Programs may not currently require participants to pay an entry fee as a prerequisite to participation in the Programs but that any Program may institute same at any time in the future as a condition to continued participation. The only exception is that a Participant from an At-Large program may be required to pay the same license fee to the State Program as the Local Programs are required to pay in that State.
4. No Promotional Activities: Participant agrees that she has not authorized any person, firm, corporation or other entity to use her name, photograph, picture, likeness, or any titles she may have earned or been awarded in connection with an endorsement, advertisement or promotion of any commercial product or service. Participant further agrees that she is not under contract or agreement of any kind with any person, firm, corporation or other entity with respect to any promotional activities of any kind, has not made any similar commitments for the future; and has no obligations of any kind which would prevent her participation and appearance in the Programs or her compliance with the terms and conditions of this Agreement.
5. No Promotional Pictures: Participant agrees that she will not permit any promotional pictures to be taken of her in inappropriate or unauthorized attire (e.g., swimsuit, crown, tiara, or sash) during her participation in, or while under contract with, the Programs.
6. Full Participation: Participant will participate in all of the series of events leading up to the final selection of the State Representative of the State Program. She will abide and be bound by the rules and regulations governing and/or established from time to time by the Programs. Participant understands that her participation in the State Program authorizes any of the Programs, its sponsors and anyone duly licensed by the Programs, to televise, broadcast on radio, television, or other electronic media, or photograph her singly or in a group, either in connection with the Programs or otherwise. Participant also agrees to execute such releases, consents and other forms requested from her by the Programs.
7. Talent: Participant shall possess and perform a talent. This talent may be in the form of singing, dancing, playing a musical instrument, dramatic reading or recitation, or other approved talent. It is expressly understood that if Participant's talent performance exceeds 90 seconds, she shall be automatically disqualified from receiving any points in the Talent category.
8. No Other Contests: While she is a participant in or under contract with the Programs, Participant agrees that she will not enter or allow herself to be entered in or hold a current title or awarded position in, any program which may be deemed by the Programs to be similar to the Programs or which may be deemed to be inappropriate.
9. Scholarships: Participant understands that scholarships and other awards provided by the Programs are administered through the America's Junior Miss Scholarship Foundation, the State Program's scholarship foundation, or a Local Program's scholarship foundation. All scholarships and awards are subject to the rules and regulations of the respective foundation as may be changed from time to time. The appropriate foundation will supply a copy of the rules and regulations to Participant within a reasonable time after she is awarded a scholarship or award from any of the Programs.
10. Final Decisions: Participant understands and agrees that the time, manner and method of selecting the State Representative of the State Program and the awarding and supervision of the State Program scholarships shall be within the sole discretion of the State Program, subject to the State Program's agreements with the Program's National Office. Participant understands that the decision of the persons designated to determine the winners of the various events and any and all matters pertaining to the selection of the winners of the Programs shall be final and non-contestable.

11. Agency: Participant agrees that if selected as the State Representative of the State Program, she constitutes and appoints the State Program as her sole and exclusive agent on and in her behalf for all press releases, statements to the press, contracts, engagements, and all theatrical, artistic or commercial endeavors during the period from the date of such selection until termination of this Agreement.

12. Publicity: Participant understands that any photographs, telecasts, electronic media broadcasts and pictures (“Media Materials”) made of her, either individually or in a group, as a participant in any Program, shall become the exclusive property of such Program. The Media Materials may be used by such Program or anyone licensed or designated by it, for publicity, advertising, or any other use which is consistent with the goals of the Programs. Participant also agrees to execute such releases, consents and other forms as shall be requested from her for this purpose by any Program.

13. Rejection: Participant understands that the State Program reserves the right, in its sole discretion, to reject any applicant or participant, in any of its Programs, provided that such rejection is not based on unlawful criteria including, but not limited to, race, color, religion, national origin, physical handicaps, or disabilities.

14. Termination/Forfeiture: Participant understands that in the event she is chosen State Representative and is deemed by the State Program to have failed to abide by all the rules and regulations of the State Program, she shall forfeit her title of State Representative of the State Program and her opportunity to participate in the National Program, together with such of the scholarship funds as the State Program determines to be appropriate. The parties to this Agreement further agree that the State Program reserves the right, if the State Program deems the Participant to have engaged in any behavior, taken any action, failed to act in any manner and at any time, which, in their sole discretion, is deemed unbecoming or to reflect poorly on their Program, to immediately rescind, cancel, revoke or otherwise terminate this Agreement, with such State Representative in which event she shall forfeit her title of State Representative of the State Program and her opportunity to participate in the National Program, together with such of the scholarship funds as the State Program determines to be appropriate, provided that such rejection is not based on unlawful criteria including, but not limited to, race, color, religion, national origin, physical handicaps, or disabilities. Participant further understands that the State Program and National Program are separate legal entities and if she is chosen as State Representative and is deemed by the National Program to have engaged in any behavior, taken any action, failed to act in any manner and at any time, which, in their sole discretion, is deemed unbecoming or to reflect poorly on their Programs that she may be denied participation by them in their respective Programs.

15. No Immediate Family: Participant represents that no member of the Participant’s immediate family is employed by any of the Sponsors of the Programs, or is a volunteer or employee of any of the Programs.

16. Term: Other than those provisions contained in paragraphs 9, 10 and 12 above and the Parental Consent provision below, all of which shall survive the termination of this Agreement, this Agreement shall automatically terminate at the conclusion of the State Program, unless Participant is selected State Representative. If so selected, this Agreement shall terminate at the later of the completion of the next year’s State Program or Participant’s entering into a Participant Agreement for the National Finals.

IN WITNESS WHEREOF, the Participant executes this agreement this _____ day of _____ 20____.

Participant’s Signature

Printed Name

Parental Consent: We the undersigned, as parents and natural guardians (or the duly appointed, qualified and acting legal guardians) of the foregoing Participant, on behalf of said Participant, and for ourselves, do hereby consent and agree to all the terms and provisions of this Agreement. We further agree in consideration of Participant being admitted as a participant in the State Program, to indemnify and hold harmless the State Program and all the Programs and Distinguished Young Women Foundation from any and all losses suffered, resulting or occurring as a result of our daughter's participation in the Programs or of the breach of any of the above terms or provisions and to guarantee the performance of said terms and provisions. We do further agree that we have not heretofore authorized any person, firm, corporation or other entity to use the name, photograph, picture, or likeness of Participant in connection with an endorsement or advertisement of any commercial product or service for or on behalf of the Participant and we do further agree not to do so during the term of this agreement.

IN WITNESS WHEREOF, we execute this agreement this ____ day of _____, 20__.

Signature of Parent or Guardian

Witness

Signature of Parent or Guardian

Witness

Approved and accepted at _____ (city), _____ (state), this _____ day of _____, 20__.

[This agreement does not need to be notarized]

State Program: _____

By: _____
State Chairperson