



## HEALTH INFORMATION FORM

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

Emergency Contact 1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Drug Allergies: \_\_\_\_\_

Food/Other Allergies: \_\_\_\_\_

Please list any medical problems that we need to be aware of:

\_\_\_\_\_

Please list any current medications, and indicate if any need to be refrigerated:

\_\_\_\_\_

Please list any special dietary needs, and how we can accommodate them:

\_\_\_\_\_

### Medical Consent

Parental permission for treatment, in case of emergency, is needed. Parent/Guardians must sign the consent below on behalf of their child. In case of emergency, I, \_\_\_\_\_ (name), \_\_\_\_\_ (relationship), hereby give my permission for any medical personnel to treat my child, \_\_\_\_\_ (name). I understand that every attempt will be made to contact me during this event.

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*



**HOLD HARMLESS AGREEMENT**

\_\_\_\_\_, (Miss Clatsop County Shining Stars Participant’s Name),  
having residence at

\_\_\_\_\_  
(full address) (here after known as “Shining Star Participant”)

Acknowledge (by witness of their signature below) her application to participate in the Miss Clatsop County Shining Stars Program, with rehearsals. The Shining Star Participant hereby agrees to indemnify and hold harmless Miss Clatsop County Scholarship Program, the Program Committee, Individuals and any other entities, which might be construed as liable from and against any and all claims for personal injuries, death, damages, cost and/or other expenses including reasonable attorney’s fees arising from or in any way connected with the use of the premises, the Shining Star Participant does hereby waive any right of recovery against the Miss Clatsop County Scholarship Program, the Program Committee, Individuals, and any other entities which might be constructed as being responsible for loss, damage, stock-in-trade, personal property, etc. is agreement is subject to termination by the Miss Clatsop County Scholarship Program, without advance notice or penalty at any time.

In witness whereof, this agreement has been executed as of the date indicated below.

**Shining Star Participant Signature** \_\_\_\_\_

**Dated this** \_\_\_\_\_ **day of** \_\_\_\_\_ **20** \_\_\_\_\_

**Main Parent/Guardian’s Signature**  
\_\_\_\_\_

**Dated this** \_\_\_\_\_ **day of** \_\_\_\_\_ **20** \_\_\_\_\_



### **RULES OF CONDUCT**

The Rules of Conduct for Shining Stars are the foundation upon which the images and reputation of the Miss Clatsop County Scholarship Program is being built and will continue to be the basis for its operation.

- Miss Clatsop County Shining Stars Participants will conduct themselves at all times with the dignity, grace and good manners of young women who exemplify the integrity of American youth. Shining Stars must observe all rules and regulations at all meetings, rehearsals, events and performances.
- Shining Star Participants will not participate in any interview, picture, press contact or any type of publicity unless a member of the Miss Clatsop County Scholarship Board is present.
- Shining Stars may not represent Miss Clatsop County at parties, meetings and social events or make any public appearances other than official Miss Clatsop County events.
- When you leave all events, activities and meetings you must check out with a Shining Stars committee member.

#### **Infraction of Miss Clatsop County Shining Stars Rules of Conduct**

If a Shining Star Participant's conduct is deemed unsatisfactory by the Committee Chair(s) of the Shining Stars Program or Executive Director of the Miss Clatsop County Scholarship Program and by this conduct the image and good name of the Miss Clatsop County Scholarship Program is deemed jeopardized, the following procedure is followed: The Committee Chair of the Shining Star Committee will issue a warning to the participant in the presence of another Pageant Official. The Shining Star parent will be notified immediately. If the condition causing this warning is corrected, no further action will be taken. If the condition is not corrected, the Committee Chair of the Shining Stars Program will notify the Executive Director of the Miss Clatsop County Scholarship Program. He/she will be given all particulars regarding the infraction of rules; further action taken will be the result of their decision.

**I HAVE READ THE ABOVE "RULES OF CONDUCT" FOR THE MISS CLATSOP COUNTY SHINING STARS AND AGREE BY THE SAME.**

**Shining Star Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### **WAIVER**

By signing below, I agree to have my child's name and picture appear in publicity photos.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**2026 PROGRAM BOOK & SCRIPT INFORMATION**

*Please answer all questions as best as possible. This information will be used for the program book and script.*

**Preferred Name (first name only please):** \_\_\_\_\_

**Mother:** \_\_\_\_\_

**Spouse (if necessary):** \_\_\_\_\_

**Father:** \_\_\_\_\_

**Spouse (if necessary):** \_\_\_\_\_

**Favorite Color, and why:** \_\_\_\_\_

**List any Siblings:** \_\_\_\_\_

**List any Family Pets:** \_\_\_\_\_

**Favorite School Subject:** \_\_\_\_\_

**Favorite Food:** \_\_\_\_\_

**Extracurricular Activities:** \_\_\_\_\_

**Favorite Disney Princess:** \_\_\_\_\_

**Who is your role model, and why?**

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

**If you were a contestant in the future, what would your talent be and why?**

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

**Parents: Please add anything you would like to us to know about your child that we may use in our script.**

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**2026 SHINING STARS WARDROBE FORM**

**Shining Star Name:** \_\_\_\_\_

**Participants of Shining Star will perform a “Production Number” during the pageant. The outfit for this number will be as follows:**

- Black Leggings
- Tennis Shoe (white predominant color)
- Souvenir T-shirt (provided)

**For the provided shirt, please Circle regular shirt size below:**

Child    XS    S    M    LG / Adult    SM    M    LG    XL  
(2/4)    (6/8)    (10/12)    (12/14)

**In addition, Female Shining Stars will need an outfit to wear onstage for the “formal wear” portion of the pageant, which should consist of the following:**

- Predominately White Dress (long or tea-length)
- White / Silver Shoes (Prefer no heel / low heel))

**A Male Shining Star will wear black pants and a white dress shirt.**