

EMERGENCY
MEDICAL
INFORMATION

AND A
COPY OF
INSURANCE CARD

(If you have no insurance do not worry about it. You can still be a contestant.)

I UNDERSTAND THAT THIS CONTACT MUST BE SIGNED AND NOTARIZED BEFORE I CAN PARTICIPATE IN THE LOCAL PAGEANT NAME ABOVE.

CONTESTANT FULL NAME & SIGNATURE

PARENT/GUARDIAN NAME & SIGNATURE

NAME: _____

NAME: _____

DATE: _____

DATE: _____

SIGNATURE: _____

SIGNATURE: _____

STATE OF TEXAS: _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20____AT

_____ BY _____.

MY COMMISSION EXPIRES _____.

NOTARY PUBLIC SIGNATURE

EMERGENCY/MEDICAL INFORMATION

Please fill this form in completely or it will be returned to you for correction.

Name (Last, First, Middle) _____ Phone _____
Home Address _____
Emergency Contact _____
Address of above person _____
Family Physician _____

1. Are you allergic to any medication or food? If so, please list _____

2. List any and all medicine that you are currently taking (prescription or none-prescription)

3. Do you have any ongoing or chronic medical conditions? Please explain. _____

4. Have you **recently** had any serious illness, injury or surgery? If so, please explain and give dates

5. Do you have any medical or physical conditions that might limit your ability to athletic or other physical activities? _____

6. List any and all handicaps, disabilities, or impairments that apply to you. _____

7. Do you have any conditions? Diabetes? Asthma? High Blood Pressure? Epilepsy?

Name of medical insurance carrier _____ Phone no. _____
Policy and Group Number _____ (Attach copy of medical insurance card)

CONSENT FOR MEDICAL DIAGNOSIS AND TREATMENT

We (I) hereby consent to allow **International Good Neighbor Council -Miss Del Rio Pageant** to select a hospital, clinic or other medical facility be authorized to diagnose and treat our (my) daughter _____
For any medical problem that may arise during pageant weekend. In addition we (do hereby release Miss Laredo Pageant Production from all liability.

Contestant's Name (Print) _____ Contestant's Signature _____

Parent or Guardian (Print) _____ Parent or Guardian's Signature _____

Date _____ Phone (____) _____

SUBSCRIBED AND SWORN TO ME THIS _____ DAY OF _____, 20__

THIS FORM MUST BE NOTARIZED

RELEASE OF LIABILITY

READ BEFORE SIGNING

MISS DEL RIO TEXAS/MISS DEL RIO TEXAS TEEN
INTERNATIONAL GOOD NEIGHBOR COUNCIL- DEL RIO CHAPTER

Participant's Name: _____

In consideration of participating in the MISS DEL RIO TEXAS/MISS DEL RIO TEXAS TEEN program and its related event and activities, I agree that:

- 1) There are inherent risks of injury:
- 2) I knowingly assume those risks and agree to indemnify and hold harmless, the MISS DEL RIO TEXAS/MISS DEL RIO TEXAS TEEN System and the sponsoring state/local recruiter for all injuries sustained, except those caused by sponsoring director's sole negligence.

I have read this release of liability and assumption of risk agreement, fully understand its terms and sign it voluntarily.

Contestant Signature

Date Signed

Parents Signature

Date Signed

**MISS DEL RIO TEXAS
MISS DEL RIO TEXAS TEEN PAGEANT 2019-2020
Independently produced by
INTERNATIONAL GOOD NEIGHBOR COUNCIL
DEL RIO CHAPTER**

To Whom It May Concern:

This is to confirm that _____ has chosen to participate in the **MISS DEL RIO TEXAS & MISS DEL RIO TEXAS TEEN PAGEANT 2019** which will be held **OCTOBER 5, 2019**. The winner will have the opportunity to represent **THE CITY OF DEL RIO** for one full year.

MISS DEL RIO TEXAS & MISS DEL RIO TEXAS TEEN continues to motivate many young girls to strive to be their best and occupy their time working toward a goal. We believe our youth is the greatest natural resource. We dedicated to providing opportunities, personal training, growth, and to promote positive attitudes in the young girls who participate.

The entry fee is \$250.00 and half a page AD for \$50.00 or full-page AD for \$100. In addition; each contestant must provide her own competition formal gown, interview attire and swimsuit wear. Contestants are allowed to have sponsors to help defray these expenses.

Any help you can provide for would be greatly appreciated. Who knows? Maybe she will be the lucky one in becoming **MISS DEL RIO TEXAS OR MISS DEL RIO TEXAS TEEN**. **Any donation** from your company is **100% tax deduction as an advertising expense**.

We hope you will be part in helping _____ to achieve her goals. It is sure to be a fantastic learning experience for her. Please feel free to give me a call if you need any further information.

Yours very truly,

Elsa Reyes

Miss Del Rio Pageant Codirector
830-703-0094

Renee Mireles

Miss Del Rio Pageant Codirector
830-719-3242

igncmisdelrio@yahoo.com

**ONE (1) PHOTO
HEAD SHOT ONLY
WILL BE REQUIRED**

**TEXAS PAGEANT SCENE
SERVES AS THE OFFICIAL
PHOTOGRAPHER FOR THE PAGEANT –
COST FOR PHOTOS, HAIR & MAKEUP
WILL BE \$200**

**PHOTOSHOOT WILL BE ON
09/21/19 & 09/22/19**

***Selection of picture is due by 09/24/19**

**(These photos will be used in the program book and for the judging of Miss
Photogenic.**

**Thank You.
Miss Del Rio Pageant Staff**