



# Honey Bee Pageant Application

Applications need to be returned to North Logan City Office, 2076 N 1200 E, or **emailed to [Jesse@northlogancity.org](mailto:Jesse@northlogancity.org)** by **April 10th** by 5 pm. (No late applications will be accepted.) For questions contact Jesse Howe 435-760-1644

Applicants need to be a current resident of North Logan City, currently in 3<sup>rd</sup>, 4<sup>th</sup> or 5<sup>th</sup> grade and available to ride on the North Logan City Float throughout the summer as well as participate in other service opportunities.

The Honey Bee Pageant is scheduled for **Thursday April 30th. Due to the Covid 19 virus we will be calling you to answer pageant questions** Applicants need to be in best dress attire for the interview portion and need to wear a gown for the rest of the pageant. Applicants will be judged on:

- Interview
- Self-presentation
- Impromptu Question
- Poster about you (more details provided after application deadline)

Please initial the following requirements of eligibility:

\_\_\_\_\_ My child is a current North Logan City resident and in 3<sup>rd</sup>, 4<sup>th</sup> or 5<sup>th</sup> grade.

\_\_\_\_\_ My child is available to participate in the required and in several of the other parades and City events listed below. (Not all activities listed below will be required and more may be added with notice)

- Ride on Floats in Parades (Dates are not finalized but should be close to the date listed – Smithfield Health City Days in May, Hyrum City 4<sup>th</sup> of July, Hyde Park Pioneer Day Celebration July 18<sup>th</sup> or 25<sup>th</sup> @10am, Mendon's Pioneer Day Parade on the July 18<sup>th</sup> or 25<sup>th</sup> @noon, North Logan Pioneer Day July 24<sup>th</sup> (required), Logan's Pioneer Day Parade on the 24<sup>th</sup> @noon, River Heights Apple Days end of Aug, USU Homecoming in Oct, and Green Canyon Homecoming in Sept.
- North Logan's 24<sup>th</sup> of July Activities (required)
- Easter Egg Hunt in March or April
- Pumpkin Walk in October
- Christmas Activity in December
- Next Year's Pageant in April 2019
- A charity event put on by Miss North Logan City

\_\_\_\_\_ I, the parent or guardian, am available to help with the Honey Bee activities as needed.

Email Jesse at the North Logan City Offices with any questions – [Jesse@northlogancity.org](mailto:Jesse@northlogancity.org)

The information provided will be used by the judges as part of the evaluation process during the actual pageant on April 30th. Due to the Covid 19 virus we will be calling you to answer pageant questions. Please plan on being there from 430pm to about 8pm that day. Please give special thought to the information provided. Statements that reflect your personality will be helpful to the judges.

Full Name\_\_\_\_\_ Age\_\_\_\_\_ Date of Birth\_\_\_/\_\_\_/\_\_\_

Home Address\_\_\_\_\_

Telephone Number\_\_\_\_\_

Email:(please print clearly)\_\_\_\_\_

Parent/Guardian Names\_\_\_\_\_

**Educational Information:**

School Attending\_\_\_\_\_ Current Grade\_\_\_\_\_

**Contestant Information:**

List three (3) interesting facts about yourself.

- \_\_\_\_\_  
\_\_\_\_\_
- \_\_\_\_\_  
\_\_\_\_\_
- \_\_\_\_\_  
\_\_\_\_\_

What do you like to do for fun?

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What are some of your hobbies, talents, activities and interests?

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What do you want to be when you grow up and why?

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Why do you wish to become a Honey Bee?

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\*\* All applicants must be a current resident of North Logan City, be in 3<sup>rd</sup>, 4<sup>th</sup>, or 5<sup>th</sup> grade, and be available to ride on the North Logan City float as well as participate in additional service and outreach opportunities.

\*\* All applicants must complete the waiver and return it with the application.

Contestant Signature\_\_\_\_\_

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

\* Parent/Guardian's signature agreeing to child's participation requirements.

# Honey Bee Pageant Royalty Waiver 2020

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email  
address: \_\_\_\_\_

I have read the waiver and liability release included with this form; I understand its contents and disclosures and I agree to its terms.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_

## **Membership & Parental Statement Of Agreement Assumption of Risk, Liability Release, Indemnification and Refund Policy**

I hereby recognize and acknowledge that my or my child(ren)'s participation in recreational activities may involve bodily and/or emotional injury to myself and/or my child. In consideration of me or my child(ren) being able to participate in such events, I, for myself, my child(ren), my heirs, my executors and administrators, hereby voluntarily and knowingly indemnify and hold harmless, defend, release, waive and discharge North Logan City, their respective administrators, officers, directors, agents, coaches, coordinators and instructors of programs on contract with North Logan City and other employees or volunteers of the organization, other participants, sponsoring agencies, advertisers, and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from any and all suits, claims or liability, including negligence, based on any injury except that caused or alleged to be caused in whole or in part by negligence of the releasee or otherwise in connection with association or entry in and/or arising out of my traveling to, participation in and returning from competition of this event or program. In addition, I agree that I or my insurance company will pay for medical, hospitalization, or any other expenses resulting from my or my child(ren)'s participation.

The undersigned agrees that prior to participation they will: inspect the facilities and or equipment to be used, and if they believe anything is unsafe, they will immediately advise management, their coach or supervisor of such condition(s) and refuse to participate. b. agree that the parents(s) or legal guardian(s) will instruct the minor participant that prior to participating, he or she should inspect the facilities and equipment to be used, and if the participant believes anything is unsafe, they will immediately advise his or her coach or supervisor of such condition(s) and refuse to participate.

I hereby authorize the staff/coaches of the North Logan Recreation Program to act in my behalf in accordance with their best judgment in the case of an emergency. In the event that I or my child(ren) sustain injury or illness while participating, I hereby authorize any first aid, medication, or medical treatment deemed necessary by licensed medical personnel to be performed on my behalf if I am not immediately available to do so. I agree to assume full responsibility for all expenses, medical or otherwise, that may arise therefrom. I understand that I or my insurance company will pay for such emergency treatment.

By signing this assumption of risk, liability release, indemnification and refund policy statement, I acknowledge that I have read its contents and disclosures, that I understand its contents and disclosures, and that I agree to its terms and to abide by the rules & regulations as set forth and as established or amended by department management. I also acknowledge that I have read and understand the Concussion and Traumatic Head Injury Information Sheet and the Concussion and Traumatic Head Injury Policy, and that I agree to abide by the City's Concussion and Traumatic Head Injury Policy. **Bottom of Form**

Applicant's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

## IMPORTANT - LIABILITY WAIVER AGREEMENT

### Participant/Parental Statement of Agreement

#### Assumption of Risk, Liability Release, Indemnification and Refund Policy

**1. I hereby recognize and acknowledge that my and/or my child(ren's) participation in recreational activities conducted through the North Logan Parks and Recreation Department may involve bodily injury, including death, and/or emotional injury to me and/or my child. In consideration of me or my child(ren) being able to participate in activities, I, for myself, my child(ren), my heirs, my executors, administrators, and assigns, hereby voluntarily and knowingly agree to indemnify and hold harmless, defend, release, waive and discharge North Logan City and the North Logan Parks and Recreation Department, their respective administrators, officers, employees, volunteers, directors, agents, coaches, coordinators and instructors of programs on contract with North Logan City and the North Logan Parks and Recreation Department, and other employees or volunteers of these organizations, sponsoring agencies, advertisers, and, if applicable, owners and lessors of premises used to conduct the activities, all of which are hereinafter referred to as "Releasees," from any and all suits, claims, demands, damages, costs or fees that may arise out of or result from my or my child(ren's) participation in said recreational activities including actions authorized by Paragraph 4, below. I agree that I or my insurance company will pay for all medical, hospitalization, or any other expenses resulting from my or my child(ren's) participation in such activities.**

2. The undersigned agrees that prior to participation I will: a. inspect the facilities and/or equipment to be used, and if I believe anything is unsafe, I will immediately advise management, the coach or supervisor, of such condition(s) and refuse to participate; b. agree that as the parent(s) or legal guardian(s), I will instruct my minor child(ren) prior to participating, to inspect the facilities and equipment to be used, and if my child(ren) believes anything is unsafe, they will immediately advise his or her coach or supervisor of such condition(s) and refuse to participate.

3. Assume all the foregoing risks and accept personal responsibility for the damages following any injury, permanent disability or death.

4. I hereby authorize the staff/coaches of the North Logan Parks and Recreation Program to act in my behalf in accordance with their best judgment in case of an emergency. In the event that I or my child(ren) sustain injury or illness while participating, I hereby authorize any first aid, medication, or medical treatment deemed necessary by the staff, coaches and/or licensed medical personnel to be performed on me or on my behalf, and/or on my child(ren), if I am not immediately able or available to do so. I agree to assume full responsibility for all expenses, medical or otherwise, that may arise there from. I understand that I or my insurance company will be responsible for and pay for such emergency treatment.

5. I hereby consent, for me and for my child(ren) to allow our picture and/or likeness, to appear in any official documentary, promotional, exclusive television, radio or film coverage on the Recreation Department in any manner incidental to my participation in the activities of the North Logan Parks and Recreation Department without compensation to me or to my child(ren).

6. Concussion Policy: See handouts or visit [northloganrec.org](http://northloganrec.org)

7. Refund Policy: The North Logan Parks and Recreation Department may withhold 25% of any refund due or resulting from any recreation program for administrative costs. No refunds will be given after the league schedule has been made, or after first day of the program (whichever comes first). All refunds must be requested in person and accompanied with a written refund request. Refunds will be issued according to City Policy.

8. As used in this document, I shall include we, he, she, or they, and they, he, she, or we, shall include I, my, myself, me or mine shall include our, theirs, his, her and our, theirs, his, her shall include my, myself, me or mine, and the masculine shall include the feminine, and the feminine the masculine, and the plural shall include the singular, and the singular, plural, all when the context so requires.

By signing this document, I acknowledge having read the Participant/Parental Statement of Agreement, Assumption of Risk, Liability Release and Indemnification. I understand its contents and disclosures, and I agree to abide by the terms and to abide by the rules and regulation as set forth and as established or amended by city management. I also acknowledge that I have read and understand the Concussion and Traumatic Head Injury Information Sheet and the Concussion and Traumatic Head Injury Policy, and that I agree to abide by the City's Concussion and Traumatic Head Injury Policy.