



CONTESTANT REGISTRATION FORM

Contestant Name: _____

Date of Birth: ____/____/____

Address: _____

Contact Phone: _____

Email: _____

Parent/ Guardian Name: _____

Address: _____

Contact Phone: _____

We/I the parent/ guardian of the above applicant give consent for him/her to participate in the Mr & Miss Naidoc Pageant 2022.

Signature of Parent/ Guardian: _____ Date: ____/____/____

PAGEANT CATEGORIES
General Cultural Knowledge – Boy
General Cultural Knowledge – Girl
Best Dressed (Formal Wear) – Boy
Best Dressed (Formal Wear) – Girl
Get up! Stand Up! Show up! – NAIDOC 22 Theme.
What does it mean to you – Boy
Get up! Stand Up! Show up! – NAIDOC 22 Theme.
What does it mean to you - Girl

PRIZES GIVEN FOR:
MR NAIDOC
MISS NAIDOC
General Cultural Knowledge – Boy
General Cultural Knowledge – Girl
General Cultural Knowledge – Runner Up Boy
General Cultural Knowledge – Runner Up Girl
Best Dressed (Form Wear) – Boy
Best Dressed (Form Wear) – Girl
Best Dressed (Form Wear) – Runner Up Boy
Best Dressed (Form Wear) – Runner Up Girl
Get Up! Stand Up! Show Up! - 2022 Theme. What does it mean to you – Boy
Get Up! Stand Up! Show Up! - 2022 Theme. What does it mean to you – Girl
Get Up! Stand Up! Show Up! - 2022 Theme. What does it mean to you – Runner Up Boy
Get Up! Stand Up! Show Up! - 2022 Theme. What does it mean to you – Runner Up Girl

For more information please contact Veronica Ah-Wang 0499 029 709

MEDIA CONSENT

Consent

I give consent to Aboriginal and Torres Strait Islander Community Health Service Mackay Ltd (ATSICH) to make, use and/or retain any image/s or footage as detailed below that may identify me for whom I have authorised decision-making responsibility.

Conditions/limitations

If you have any restrictions you want to apply to the use of your personal information, you should list them here (eg cultural considerations, usage restrictions, expiry of consent etc):

Undertakings

I understand that by giving consent, that ATSICHS can use the image and/ or footage to promote the health service. ATSICHS may reproduce the image/s or footage in any form, in whole or in part, and distribute the works by any medium including the Internet, CD-ROM or other multimedia.

I understand that ATSICHS:

- will not pay me for giving this consent or for the use of my image/s;
- may keep the image and/or recording on record until I revoke my consent;
- will return or destroy images and/or recordings if I withdraw this consent, with the exception of those already published;
- may use the image and/or recording in the future, unless I specify limitations for its use; and
- will not infringe the rights of any third party by exercising its rights given in this Consent.

Participant details

For the purposes of this consent form, the person whose image/s and/ or footage is used is known as “the Participant”.

Full name of Participant:			
Date of birth:			
Telephone:		Email:	
Address:			
Signature:			Date:

For more information please contact Veronica Ah-Wang 0499 029 709