



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 2023.

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
For Our Elders - NAIDOC 2023 <i>Theme What does it mean to you?</i>	Boy
For Our Elders - NAIDOC 2023 <i>Theme What does it mean to you?</i>	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 (formal wear)	Boy
Best Dressed (formal wear)	Girl
Best Dressed (formal wear) - Runner Up	Boy
Best Dressed (formal wear) - Runner Up	Girl
For Our Elders 2023 Theme <i>What does it mean to you?</i>	Boy
For Our Elders 2023 Theme <i>What does it mean to you?</i>	Girl
For Our Elders 2023 Theme <i>What does it mean to you?</i>	Boy
For Our Elders 2023 Theme <i>What does it mean to you?</i>	Girl

Interviews with judges will be conducted 5pm, Monday 12th June 2023 at YuwiYumba Cultural Hub (9 River Street, Mackay)

Submit your application

You can return your application by visiting YuwiYumba Cultural Hub (9 River Street, Mackay) **OR** send via email to events@atsichs.org.au

Applications close Friday, 9 June 2023

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