

**Miss Crawford County Scholarship Pageant Organization  
“Little Sister” Program Application**

Applicant Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Parent guardian Name \_\_\_\_\_

Address (if different from apl.) \_\_\_\_\_

Phone (if different from apl.) \_\_\_\_\_

T Shirt Size (circle one) Child 6/8 10/12 14/16 Adult S M L XL

**PARTICIPATION AGREEMENT/ LIABILITY WAIVER**

As a parent/guardian of a child/children participating in the Miss Crawford County Scholarship Pageant and pageant events, I do hereby agree that my child will not act or engage in any activity which is or could be characterized as dishonest or in bad taste. I hereby agree that my child will act responsibly and uphold the rules, regulations and standards of conduct of the Miss Crawford County Scholarship Organization. I do hereby acknowledge and understand that such involvement may require both physical and mental participation, as an individual and as a group.

I do hereby for myself and for my representatives, executors hold harmless the Miss Crawford County Scholarship Organization, Inc., their directors, officers, employees, agents, and successors from any and all causes of action, suits, rights, judgments, claims and demands of whatsoever kind, in law or in equity, known or unknown, foreseen or unforeseen, arising from or by reason of any and all bodily or personal injuries, and/or property damage, or cause of action. I do hereby assume the risk of any and all activities in which I am so engaged in, directly or indirectly, involving and/or relating to the Miss Crawford County Scholarship Organization, and all pageant-related activities.

Parent/guardian: Your signature below indicates that you have completed the application and read the waiver of liability and agree to all terms and conditions.

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/guardian name \_\_\_\_\_ Date \_\_\_\_\_

Please print

Remember to enclose your check/money order of \$35.00 with signed application to  
MCCSPO, Inc. PO BOX 636, Meadville, PA 16335