



*Pink Ivy Corporation*  
**FASHIONETTA® COTILLION PARTICIPANT  
 APPLICATION**



PARTICIPANT INFORMATION		
<b>First Name:</b>	<b>Middle Name:</b>	<b>Last Name:</b>
<b>Mailing Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip/Post Code:</b>
<b>Email Address:</b>		<b>Date of Birth (MM/DD/YY):</b>
<b>Home Phone Number:</b>	<b>Cell Phone Number:</b>	

SCHOOL INFORMATION		
<b>School:</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip/Post Code:</b>
<b>School Phone Number:</b>	<b>Grade:</b>	<b>Cumulative GPA [HS Only] (must submit an official transcript):</b>

PARENT/GUARDIAN INFORMATION	
<b>Parent/Guardian's Name(s):</b>	
<b>Mailing Address: (if different from above)</b>	
<b>Legal Guardian Email Address(es):</b>	
<b>Home Phone Number:</b>	<b>Cell/Work Number:</b>

**Application Deadline:** 6/1/21

**THE FOLLOWING SECTION IS FOR PLANNING PURPOSES**

<b>T-Shirt Size:</b> <i>Adult Women Sizes</i>	<i>Adult: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> XL <input type="checkbox"/> XXL</i> <i>Youth: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large</i>
<b>Are your ears pierced?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Are you allergic to nickel?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>List any allergies:</b> (food or other)	
<b>Extra-Curricular Activities:</b> Include past, present as well as offices held, Band, Cheerleader, Sports Team, SGA, etc.	
<b>Awards &amp; Achievements:</b> Include honors such as BETA Club, Honor roll and honor societies awards	
<b>Community Service:</b> List any voluntary work you've performed intended to help people in a particular area (within the past 18 months)	
<b>Talents:</b>	
<b>Church Membership:</b>	
<b>Future Career Goals:</b>	

<b>Emergency Contact #1:</b>	Name:	
	Relationship	Cell Phone:
<b>Emergency Contact #2:</b>		
	Relationship	Cell Phone:

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**PARENT PARTICIPATON CONTRACT****RELEASE OF RESPONSIBILITY  
AND  
AUTHORIZATION FOR MEDICAL TREATMENT**

By signing this form below, I affirm that all contents submitted in this 2021 Fashionetta® Cotillion application are accurate and complete to the best of my knowledge. I understand that falsified statements and misrepresentations will result in my daughter's immediate dismissal from the program and that all fees paid are non-refundable.

- I understand that my daughter will participate in activities sponsored by Pink Ivy Corporation.
- I understand the \$100 registration fee is nonrefundable.
- I agree that, as a parent of a Miss Fashionetta® Cotillion participant, I will ensure my daughter adheres to program policies and regulations as communicated.
- I agree to participate to my fullest in all events and programs relating to 2021 Fashionetta® Cotillion and represent my daughter and the Alpha Kappa Alpha Sorority, Incorporated® Iota Pi Omega Chapter with the utmost of courtesy, respect, and dignity.
- I further authorize the 2021 Fashionetta® Cotillion committee and its representatives to use my daughter's name and likeness in relative media and in marketing the 2021 Fashionetta® Cotillion Program.
- I give my permission for my daughter to participate in all events within the program including, but not limited to, sleepovers, community service projects, workshops, and social events, with the understanding that the details of said events will be provided to me in advance and that all events will be staffed and chaperoned by numerous members of the Alpha Kappa Alpha Sorority, Incorporated® Iota Pi Omega Chapter.
- While participating in Pink Ivy Corporation (PIC) events, my child's likeness may be captured in photographs. We use these in our brochures, newsletters, annual reports and websites, and other promotional outlets, which may include television, newspaper, magazine articles, and social media sites, including Facebook and Instagram. I agree that videos and/or photographs-taken of my child shall become the property of and may be used by PIC at its discretion. I waive any right to compensation arising or related to the use of the photograph.
- I agree to indemnify and hold harmless Pink Ivy Corporation and Alpha Kappa Alpha Sorority, Incorporated® Iota Pi Omega Chapter and their respective agents, representatives, affiliated entities, successors, heirs and designees or legatees, harmless from and against any and all claims, damages, liabilities costs and expenses, associated with my child's participation in the Fashionetta® Cotillion program.
- Further, I hereby give my permission for Pink Ivy Corporation and Alpha Kappa Alpha Sorority, Incorporated® Iota Pi Omega Chapter and its members to authorize any emergency medical care necessary for my daughter while under the supervision of the chapter. I also release Pink Ivy Corporation and Alpha Kappa Alpha Sorority, Incorporated® Iota Pi Omega Chapter, its members, associates, and sponsors from all responsibility and liability arising out of medical care. I have also advised the members of the allergies, illnesses, and disabilities of my child.

THE UNDERSIGNED HAS CAREFULLY READ THIS AUTHORIZATION AND FULLY UNDERSTANDS ITS CONTENTS. I HEREBY HOLD HARMLESS AND RELEASE AND FOREVER DISCHARGE PIC/IPO FROM ALL CLAIMS, DEMANDS, AND CAUSES OF ACTION FROM MYSELF, MY HEIRS, REPRESENTATIVES, EXECUTORS, ADMINISTRATORS, OR ANY OTHER PERSON ACTING ON MY BEHALF. UNDERSIGNED/PARTICIPANT IS AWARE THAT THIS IS A RELEASE OF LIABILITY AND WAIVER OF RIGHTS, AND THE PARTICIPANT AGREES TO VOLUNTARILY PARTICIPATE AS A HOST/HOSTESS IN THE FASHIONETTA® COTILLION PROGRAM AND AGREES TO THE CONDITIONS SET FORTH HEREIN OF HIS/HER/THEIR OWN FREE WILL.

Participant's Name (PRINTED):	
Parent's Name (PRINTED):	
Parent's Signature:	Date:

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