

NORTH CAROLINA CONFERENCE OF TEMPLES AND COURTS

*Ancient Egyptian Arabic Order Nobles Mystic Shrine
Of North and South America and Its Jurisdictions, Inc.*

**YOUTH / ISISERETTES
2010 GALA DAY
REGISTRATION**



THEME: "BUILDING OUR YOUTH FOR THE FUTURE"

***June 10 – 12, 2010
Charlotte, North Carolina***

*Noble Joseph M. Powell #51
Imperial Deputy of the Desert
North Carolina*

*Dt. Ann R. Thompson #41
Imperial Deputy for the Desert - DOI
North Carolina*

*Noble Nathaniel Degraffinreaidt, #144
Youth Director*

*Dt. Patricia Williams, #43
Youth Directress*

*Dt. Audrey Jones, #105
Administrator Advisor*

Desert of North Carolina Youth Committee

*Noble Jamia Brantley, #62
Noble Clarence J. Williams, #177
Noble Ivan T. Mosley, Sr., #144
Noble Walter a. Easley, #51*

*Dt. Sylvia Little, #90
Dt. Damie Warren, #78
Dt. Cquokeysha Gary, #67
Dt. Deanna Taylor, #90*

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2010 Youth Gala Day Registration Form

TEMPLE OR COURT NAME

NUMBER

YOUTH DIRECTOR / DIRECTRESS NAME

TELEPHONE #

ADDRESS CITY STATE ZIP CODE

PLEASE TYPE OR PRINT

<u>NAME</u>	<u>ADDRESS</u>	MALE/ FEMALE	AGE	T-Shirt Size
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____

PLEASE RETURN FORM TO:
Dt. Sylvia D. Little (90)
1926 Wheatfield Court
Greensboro, North Carolina 27405
336-375-4113

REGISTRATION FEE
\$15.00 IN ADVANCE BEFORE MAY 30, 2010
\$20.00 AFTER MAY 30, 2010 – ON - SITE

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YOUTH'S EMERGENCY MEDICAL AUTHORIZATION FORM

This form authorizes emergency medical treatment for _____
(Child's Name)

In case of injury in town or out-of-town trips, Parent(s) can be reached at

Home Address _____ Telephone _____

City and State _____

Work Name and Address _____

If I can not be reached at either number above, please call _____
(Name)

Relationship _____ Telephone _____

In Town Physician _____ Telephone _____

Dentist _____ Telephone _____

Out of Town-if parents(s) are not present on out-of-town trips, In case of injury or sickness to:

(Child's Name)

This form gives permission to a qualified Physician or Dentist for emergency room services to give my child medical attention as needed. Parents(s) signature herein gives proof of permission to treat my child.

Parent(s) Signature _____

All Medical forms are due at time of registration for Gala Day session.

No Exceptions!

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MEDICAL HISTORY

Allergies _____

Past Illnesses _____

Is the child healthy and able to march in hot weather during a Convention parade or any parade of length? Yes No

Is the child now on any type of medication? Yes No If yes, list below

Does the child have any type of health defects? Such as wearing glasses, etc?

Has the child been treated for:

- Bleeding
- Convulsions
- Heart Trouble
- Hypertension
- Lung Disease
- Muscle Joint
- Diabetes
- Kidney
- Epilepsy Other (Specify)
- Previous Hospitalization _____

My permission is given to any qualified Physician or emergency room physician to treat my child.

The above information is true and accurate.

Signature _____

(Parent(s) or Guardian)

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3rd Annual Youth Gala Day

Youth Souvenir Journal Information

A joint effort between Desert Nobles and Daughters to help raise money for the Youth. We are asking each Temple and Court to purchase a full page ad in the Journal. Ad pages for the Journal to be developed as follows:

1. Picture of Temple / Court (Potentate / Commandress, Member, etc.)
2. Past Potentates / Commandresses, Nobles and Daughters
3. Deputies of the Oasis, Past Deputies of the Desert, Desert Coordinators and Imperial officers – past and present.
4. All Masonic Lodges and Affiliates and other Organizations.
5. Businesses – local and personal

INFORMATION: Description of Ads

<input type="checkbox"/> Full Page	\$ 30
<input type="checkbox"/> Half Page	\$ 25
<input type="checkbox"/> Quarter Page	\$ 15
<input type="checkbox"/> Patron	\$ 10

DEADLINE FOR ADVERTISEMENT: May 15, 2010

**Make checks or money orders payable to: NC Desert Conference of Courts
Temple / Court checks and money orders accepted.
No personal checks accepted.**

**Mail all ads, ad pictures, checks to: Dt. Patricia Williams (43)
Desert Youth Directress
6409 Streeter Drive
Hope Mills, NC 28348
(910) 624-5485**

Thank you in advance for your support.

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Youth Talent Competition Entry form **(Please Print or Type)**

Temple / Court Sponsoring _____

Contestant Full Name _____

Permanent Address _____

Telephone No. _____

Cell Phone No. _____

Date of Birth _____

Parents / Guardian(s) Name _____

School Name _____ **Grade** _____

School Address _____

Type of Talent Performing:

Mail completed for to: **Dt. Damie Warren, #78**
 4219 Maureen Drive
 Charlotte, NC 28205
 704-531-6649

DEADLINE FOR ENTRY: MAY 15, 2010

If bringing a CD or tape to Gala Day please bring the original. Some copies will not play on the equipment that is being used at the competition.

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YOUTH DEPARTMENT MUSIC COMPETITION

Purpose: *To provide our Youth an opportunity to display their musical skills and talents with performances.*

GUIDELINES

1. *All competition participants for awards must register with the **North Carolina Gala Day Youth Department.***
2. *Competition will involve three (3) divisions:*
 - ✓ *Elementary (10 years of age and under)*
 - ✓ *Intermediate (11 – 13 years of age)*
 - ✓ *Senior (14 - 17 years of age)*
3. *Only one selection is to be performed by each participant or participants. No performance should exceed six (6) minutes. Order of performance will be determined by the drawing of names for each division.*
4. *Musical arrangements used for the competition will be selected by participants with approval of their local organization. No **drum, drum and bugle corp or pep rally type music** will be allowed for the competition.*
5. *Judging Standard*

Judging Standard

At Least three (3) Judges

<i>Stage Presence</i>	<i>10 Points</i>
<i>Memorization</i>	<i>15 Points</i>
<i>Interpretation</i>	<i>25 Points</i>
<i>Technical Proficiency</i>	<i>25 Points</i>
<i>Musical Ability</i>	<i>25 Points</i>

6. *Prizes:*

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YOUTH DEPARTMENT 3 on 3 Basketball Tournament REGISTRATION FORM

TEMPLE OR COURT NAME

NUMBER

YOUTH DIRECTOR / DIRECTRESS NAME

TELEPHONE #

ADDRESS

CITY

STATE

ZIP CODE

PLEASE TYPE OR PRINT

Team name (capital letters): _____

Status

Circle One

10-12

13-14

15-17

1. _____

2. _____

3. _____

DEADLINE FOR ENTRY: May 15, 2010

Mail to: **Noble Jimia Brantley (62)**
1212 September Court
Fayetteville, NC 28314
910-635-1430

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YOUTH DEPARTMENT
Jump Robe / Step Team Competition
2010 REGISTRATION FORM

(Please print or type)

COURT / TEMPLE NAME _____ NO _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TEMPLE / COURT DIRECTOR / DIRECTRESS NAME, PHONE NUMBER AND EMAIL ADDRESS

Name _____

Phone No. _____

Email _____

Number of members on team _____

Units will not be permitted to participate if the forms are not received or completed correctly.

Please complete separate sheet for each unit.

Director / Directress:

How many Youth – Age _____ 13 _____ 14 _____ 15 _____ 16 _____ 17

_____ 6 _____ 7 _____ 8 _____ 9 _____ 10 _____ 11 _____ 12

PLEASE RETURN FORM BY MAY 15, 2010 TO:

**Dt. Sylvia D. Little (90)
1926 Wheatfield Court
Greensboro, NC 27405
336-558-1421**

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RELEASE AND WAIVER OF ALL CLAIMS

Please sign this form and mail with registration!

AGREEMENT REGARDING RISK OF INJURY AND RELEASE RELEASE AND WAIVER OF ALL CLAIMS

I hereby apply to participate in the Desert of North Carolina Youth 3-on-3 Basketball Tournament and/or Jump Rope, Step Competitions in *Charlotte, North Carolina* on *June 11, 2010*.

I understand that participating in the Tournament will expose me to above normal risks of injury or harm. These risks include uneven or hazardous playing surfaces, physical contact or collisions with other players, spectators or inanimate objects on or about the court. I understand that the sport of basketball is in itself hazardous and may result in injury to me or other players.

I represent that I have no health or physical problems that will interfere with my participation in the Tournament.

I agree that I am responsible for my own safety.

I hereby assume all risks associated with my attendance and participation in the Tournament. I understand that I am solely responsible for any injuries which may occur to me as a result of my participation in the Tournament and I specifically waive my right to bring litigation against the sponsors and specifically release any right which I have to assert a negligence claim against the Tournament sponsors, their agents or representatives.

I hereby fully and forever release, discharge, and agree not to sue ***NORTH CAROLINA CONFERENCE OF TEMPLES AND COURTS, Ancient Egyptian Arabic Order Nobles Mystic Shrine of North and South America and Its Jurisdictions, Inc.***, Local Tournament Organizers, Local Business Sponsors, Site Owner(s), any other sponsors (hereafter called "Tournament Sponsors") their officers, directors, agents, employees, representatives, and successors for any and all claims, causes of action or liability for any injury, loss or damage sustained or incurred by me arising out of or in any way associated with my attendance at or participation in the Tournament, including all claims, causes of action or liability arising out of the negligence of Tournament Sponsors, their agents or representatives.

I agree to indemnify and hold harmless Tournament Sponsors, their agents or representatives from any loss, damage or expense sustained or incurred by them arising from any such claims, cause of action or liability, whether brought to me, anyone acting on my behalf, or by anyone else because of conduct attributed to me.

I agree that this agreement shall be construed and interpreted according to the law of the State of North Carolina.

I understand and agree that this Release and Waiver shall be binding upon my heirs, assigns and any personal entity acting upon my behalf, including a parent, guardian or next friend.

I have read the above items of the Release and Waiver, understand them, agree to abide by them, and hereby acknowledge that I have read and understand this Release and Waiver.

Participant _____ is less than 18 years old.

I sign this release on his/her behalf, and hereby agree to indemnify and hold harmless tournament sponsors, their agents or representatives, from any loss, damage or expense sustained or incurred by them arising from any claim, cause of action or liability which may be brought by my minor child.

I sign this release on his/her behalf: _____

(Parent /Guardian)