

Event: February 7, 2025
Time: 6:00-9:00 PM



KING/QUEEN REGISTRATION FORM

****PLEASE REGISTER EARLY – LIMITED SPACE AVAILABLE****

Completed Forms Due: Friday, November 1, 2024

KING/QUEEN INFORMATION

(Please fill form COMPLETELY and PRINT clearly)

First Name: _____ Last Name: _____

Name as you would like it to appear on nametag: _____

Age _____ DOB: _____ Gender: Female _____ Male: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Fun Fact About You: _____

What's Your Favorite Song: _____

Health Concerns: _____

Wheelchair/Accessibility Device: Yes: _____ No: _____

Special Communication Needs: Yes _____ No: _____ If yes, please explain below:

Sensory Issues/Concerns (strobe lights, camera flashes, loud noises, etc.):

Allergies: _____

(Please list any that apply: foods, animals, latex, makeup, plants or pollen, etc.)

Food Needs (food cut-up or pureed, gluten-free, dairy-free, etc.): Yes: _____ No: _____

If yes, please explain: _____

Prayer Request: _____

*** Please note that the church, its staff, and volunteers are not responsible for administering medication or toiletry/hygiene needs to Kings/Queens/Guests during the Night to Shine event. If medication and toiletry/hygiene needs are required during the event, a parent or caregiver MUST be available to administer to their needs.**

PLEASE COMPLETE REVERSE SIDE OF THIS FORM

Each King/Queen may invite ONE Prom Guest – this can be a Parent, Caregiver, or Chaperone.

Name of ONE Guest attending with King/Queen: _____

Email: _____ Phone: _____

Relationship to King/Queen: _____

Each Prom Guest must be PRE-REGISTERED and must pass a BACKGROUND CHECK IF OVER THE AGE OF 18 YEARS OLD. To complete a background check, please fill out the attached two-page form and return it to the church via email, mail, or drop-off. Alternatively, you can complete it online; if you choose this option, it will be sent to your email address. Please do not return the form if you opt for the online method.

*Your guest (1 per King/Queen) is invited to spend the evening enjoying food, entertainment, and rest in the Hospitality Tent while remaining onsite during the event.

Emergency contact during the event if other than the Prom Guest:

Name: _____ Phone Number: _____

Group Home, School, or Agency Information – If Applicable:

Will the King / Queen be attending as a part of a group that will provide transportation?
Yes: ___ No: ___

Name of Group Home/School/Agency: _____

Group Home/School/Agency Address: _____

Group Home/School/Agency Contact Person Name: _____

Group Home/School/Agency Phone Number: _____

Group Home/School/Agency Email Address: _____

Submit COMPLETED forms by Friday, November 1, 2024, to:

Guntersville First Methodist Church
339 Gunter Ave., Guntersville, AL 35976
(or) Email completed forms and any questions to
gfmcnight2shine@gmail.com

Cindy Martin, NTS Kings/Queens Application Chair | (256)677-9480

Night to Shine Parent/Caretaker Media Rights Release

By signing below, and for the good and valuable consideration of participating in an event hosted by Guntersville First Methodist Church, and sponsored in part by or associated with the Tim Tebow Foundation, I hereby give my full consent to Tim Tebow Foundation, Inc., ("TTF") a Georgia nonprofit corporation headquartered in Florida and Guntersville First Methodist Church, ("GFMC"), a Alabama nonprofit corporation, to record, by writing, by video, photographic, or audio recording device, or by any other analog or digital means, my actions, physical likeness, biographical information, and/or voice. Additionally, I hereby grant to TTF and GFMC, without royalty or other compensation now or in the future, all rights of every kind and character whatsoever, in perpetuity, in and to any and all such recordings, along with any additional recordings I might provide to TTF and GFMC, and to any benefits inuring to TTF and GFMC as a result of its use of any of the foregoing recordings. Among other things, TTF and GFMC may, but are not required to, copy or reproduce the recording, edit or modify it, incorporate it into another work, display or broadcast it or any of the foregoing privately or publicly, and use or license it or any of the foregoing for use by others, all for the sole benefit and at the sole discretion of TTF and GFMC, for the advancement of TTF and GFMC's exempt charitable purposes. All permissions granted herein extend to any successor or assign of TTF and GFMC and bind me and my heirs, successors, and assigns. I, hereby release and discharge and agree to hold harmless TTF and GFMC, its directors, officers, employees, volunteers, and independent contractors, from any and all claims or damages, including but not limited to defamation or violation of rights of privacy or publicity, arising from or associated with the recordings or use of recordings. This release shall be construed, interpreted and governed in accordance with the laws of the State of Florida, and should any provision of this release be determined invalid, such invalidity does not affect any of the remaining provisions. I am of full age and have the right to contract in my own name.

AGREED TO AND ACCEPTED: _____

PARENT/CARETAKER INFORMATION

Name of Parent/Caretaker: _____

Signature of Parent/Caretaker: _____ Date: _____

Address: _____ City/State/Zip: _____

Telephone: _____ Email: _____

PARTICIPANT INFORMATION (NAME OF GUEST ATTENDING NIGHT TO SHINE)

Name: _____

PLEASE COMPLETE REVERSE SIDE OF THIS FORM

Night to Shine Participant (Guests,Volunteers & Vendors) Media Rights Release

By signing below, and for the good and valuable consideration of participating in an event hosted by Guntersville First Methodist Church, and sponsored in part by or associated with the Tim Tebow Foundation, I hereby give my full consent to Tim Tebow Foundation, Inc., ("TTF") a Georgia nonprofit corporation headquartered in Florida and Guntersville First Methodist Church ("GFMC"), a Alabama nonprofit corporation, to record, by writing, by video, photographic, or audio recording device, or by any other analog or digital means, my actions, physical likeness, biographical information, and/or voice. Additionally, I hereby grant to TTF and GFMC, without royalty or other compensation now or in the future, all rights of every kind and character whatsoever, in perpetuity, in and to any and all such recordings, along with any additional recordings I might provide to TTF and GFMC, and to any benefits inuring to TTF and GFMC as a result of its use of any of the foregoing recordings. Among other things, TTF and GFMC may, but are not required to, copy or reproduce the recording, edit or modify it, incorporate it into another work, display or broadcast it or any of the foregoing privately or publicly, and use or license it or any of the foregoing for use by others, all for the sole benefit and at the sole discretion of TTF and GFMC, for the advancement of TTF and GFMC's exempt charitable purposes. All permissions granted herein extend to any successor or assign of TTF and GFMC and bind me and my heirs, successors, and assigns. I, hereby release and discharge and agree to hold harmless TTF and GFMC, its directors, officers, employees, volunteers, and independent contractors, from any and all claims or damages, including but not limited to defamation or violation of rights of privacy or publicity, arising from or associated with the recordings or use of recordings. This release shall be construed, interpreted and governed in accordance with the laws of the State of Florida, and should any provision of this release be determined invalid, such invalidity does not affect any of the remaining provisions. I am of full age and have the right to contract in my own name.

AGREED TO AND ACCEPTED: _____

Participant Information

Name of Participant: _____

Signature of Participant (if over age 18)

Date

Signature of Parent/Caretaker/Legal Guardian
(if participant is under age 18)

Date

Address: _____

City/State/Zip: _____

Telephone: _____

Email: _____

For office use only

Ministry _____
 Minister _____
 Requesting _____
 Potential Bus Driver ☐

First Name

Middle Name:

Last Name:

Former Names
and Dates Used:

Social Security
Number:

 - -

Date of Birth:
(MM/DD/YYYY)

Please list each city/county and state in which you have lived, worked, or attended school during the last ten years. Use a second form if necessary to provide full disclosure.

Current Address:
(Street, city, state,
zip code)

Previous Address:
(Street, city, state,
zip code)

Previous Address:
(Street, city, state,
zip code)

Email Address:

Telephone
Number:

Driver's License
Number:

State:

Additional Information:

Continue on reverse

AUTHORIZATION REGARDING BACKGROUND INVESTIGATION

DISCLOSURE REGARDING BACKGROUND INVESTIGATION ON YOU

Guntersville First Methodist Church ("the Company") may obtain "consumer reports" about you from a consumer reporting agency for employment purposes. A "consumer report" is a background screening report that may contain information regarding your criminal history, sex offender registry status, employment history, education history, driving history, ordinance violations, restraining order history, drug test results, and other information about you. It may bear upon your character, general reputation, personal characteristics, and/or mode of living.

I hereby authorize Guntersville First Methodist to obtain "**consumer reports**" and "**investigative consumer reports**" about me for employment purposes at any time during the hiring process and throughout my employment, if applicable.

Signature of Applicant

Date

Print Name of Applicant



IMPORTANT REMINDERS

•**Prom Event: Friday, February 7, 2025 from 6:00 p.m. - 9:00 p.m.**

- Doors will not open until 5:30 p.m.
- Red carpet begins at 5:30 p.m.
- Limit 1 guest per King or Queen. Guest must be registered on the form.

***Return ALL COMPLETED forms no later than November 1, 2024!**

1. By mail or drop by church office
(539 Gunter Avenue, Guntersville, AL 35976) **or**
2. Email (gfmcnight2shine@gmail.com) **or**
3. Online: www.gvillefmc.net (Missions & Outreach page)

Forms to be completed: (Please make sure all fields are completed)

- Guest Registration Form
- King/Queen Media Rights Release Form
- Guest Media Rights Release Form
(back side of King/Queen Media Rights Release Form)
- Guest Background Check Form (Front and back)