



Student Application

NAACP ACT-SO COMPETITION APPLICATION

YEAR _____

UNIT NAME: _____ **UNIT#:** _____

****THIS SECTION TO BE COMPLETED BY STUDENT APPLICANT. PLEASE PRINT LEGIBLY:**

Name: _____ **SS#** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

DOB: // _____

Phone Number: () _____ **Gender:** () male () female

US Citizen: () Yes () No **NAACP Member?** () Yes () No

Tele # _____ **E-mail Address:** _____

High School Name: _____ **Grade** _____

High School Address _____

Reference the ACT-SO Category Descriptions and identify the category for which you will create a project, artwork or performance.

Please check the appropriate category(ies). Students may enter up to **THREE (3)** Categories.

SCIENCES

- Biology/Microbiology (01)
- Chemistry/Biochemistry (02)
- Computer Science (03)
- Earth & Space Sciences (04)
- Engineering (05)
- Mathematics (06)
- Medicine and Health (07)
- Physics (08)
- Advancing to Nationals**

HUMANITIES

- Music Composition (09)
- Original Essay (10)
- Playwriting (11)
- Poetry (12)
- Advancing to Nationals**

PERFORMING ARTS

- Dance (13)
- Dramatics (14)
- Music Inst/Classical (15)
- Music Inst/Contemp (16)
- Music Vocal/Classical (17)
- Music: Vocal/Contemp (18)
- Oratory (19)
- Advancing to Nationals**

VISUAL ARTS

- Architecture (20)
- Drawing (21)
- Filmmaking (22)
- Painting (23)
- Photography (24)
- Sculpture (25)
- Advancing to Nationals**
- BUSINESS**
- Entrepreneurship (26)
- Advancing to Nationals**

Entry Category & Title # 1:

Entry Category & Title # 2:

Entry Category & Title # 3:

STUDENT SIGNATURE: _____

DATE: _____

PARENTAL SIGNATURE: _____

DATE: _____

ACT-SO Chairperson _____

Address _____

City: _____ State: _____ Zip _____

This student is a local gold medal winner and will advance to the National Competition.

I certify that all the information given above is correct. I also certify that I have read and fully understand all eligibility requirements and that I satisfy all of them.

Chairperson Signature: _____ Date: _____

***** SECTION TO BE COMPLETED BY ACT-SO CHAIRPERSON *****



NAACP ACT-SO

STUDENT CODE OF CONDUCT

1. Contestants shall be prompt and prepared for all scheduled activities
2. Proper conduct of the contestants is a personal responsibility as well as the responsibility of the chaperones to ensure.

3. Contestants shall not deface public property nor remove hotel property such as keys or towels from the premises. The individual will pay for any property damages or losses incurred.
4. Keep chaperones advised at all times of activities and whereabouts.
5. No one is to leave the premises without a chaperone. Do not take a taxi or other public transportation to restaurants or areas of sightseeing.
6. After curfew, members of the opposite sex are **not** allowed in each other's rooms for any reason. (Curfew is 11:00 p.m. unless a scheduled activity goes beyond the time limit that has been set. Contestants are expected to be in their own room and quiet at curfew.)
7. Contestants are **not** permitted to roam the hotel hallways or enter any hotel bars/lounges.
8. Proper attire is required at all times.
9. No outside calls, including local and collect calls, are to be made from the hotel room. Use hotel lobby telephones. The individual will pay any unpaid charges to the room.
10. No room charges of any kind are permitted including room service for meals. (Hotel rooms are assigned and recorded for emergency purposes. **Do not** change hotel rooms with anyone else.)
11. No sexually explicit or lewd behavior will be permitted during your participation in ACT-SO.

****CONTESTANTS WILL BE SENT HOME AT HIS/HER OWN EXPENSE UPON VIOLATION OF ANY AFOREMENTIONED RULE.****

If there are any questions regarding the procedure, check with the assigned chaperone first.

I, _____, have read and fully understand the above Code of Conduct'.

Signature of Contestant Date

Signature of Parent or Guardian Date

NAACP ACT-SO

PARENTAL CONSENT AND INDEMNIFICATION NOTICE AND AGREEMENT

YEAR _____

UNIT NAME: _____ UNIT#: _____

The undersigned parent(s) and/or guardian(s) of the following named minor:

(Fill-in your participating ACT-SO youth's name)

I have been advised that (ACT-SO youth's name) _____ is a contestant in the ACT-SO program to be held by the National Association for the Advancement of Colored People in _____. The Undersigned herewith has consents to the participation of the child in the program and authorizes the following NAACP/ACT-SO members and volunteers to act as chaperones in loco parentis for said minor/youth.

The undersigned agrees that each chaperone shall act in loco parentis and use all reasonable means, as may be deemed necessary, to care for and discipline said minor child/youth for the period of time as said minor is in, and en-route to and from:

_____.

The undersigned hereby releases and forever discharges the NAACP/ACT-SO, their successors and assigns, and each chaperone of and from all claims, demands, damages, legal actions and their causes of action on account of any and all injuries to said minor during the aforesaid period.

The undersigned, in consideration for the NAACP/ACT-SO allowing the minor youth to participate in the program herewith agrees to protect and indemnify the NAACP/ACT-SO and their successors and assigns, and chaperones against any actions, claims or demands by the said minor, or by any other person or persons on account of damages of any character resulting in any way during the aforesaid time period. The undersigned also agrees to reimburse and make good to the NAACP/ACT-SO and/or chaperones any loss, damages or costs they may have to pay as a result of any such action, claim or demand.

ON PENALTY OF PERJURY:

(Parent/Guardian) (Parent/Guardian)

(Minor child/ACT-SO Participant) (Witness Signature)

CHAIRPERSON SIGNATURE:

(Print) (Signature)



NAACP ACT-SO

CONTRACT and RELEASE OF MEDIA INTERESTS AND RIGHTS

UNIT NAME: _____ **UNIT#:** _____

YEAR: _____

For the good and valuable consideration, including but not limited to the right to participate in the ACT-SO National Competition, to be able to win valuable prizes and recognition in my area(s) of competition. I (consignee) hereby irrevocably grant you to you, your successors, licensees and contractors the following:

1. The right to record my voice and/or likeness or film, videotape, print or on any other media in connection with the production of any program for broadcast, film videotape, or any other media;
2. The editorial rights associated with any recording of my voice and/or likeness on film, videotape, print or on any other media in connection with the production of any program for broadcast, film, videotape, print or on other media; and
3. The right to exhibit, transmit, or reproduce visual and print media showing my entry and/or my participation in the ACT-SO competition and

The NAACP agrees to take appropriate steps to ensure that: it, its successors, licensees and contractors will present your entry, any recording of your voice and/or likeness whether on film, videotape, print, or on any other media in connection with the production of any program for broadcast, film, videotape, or any other media, in a manner that reflects positively on the NAACP, ACT-SO and Consignee. In return the Consignee agrees not to institute, assert or consent to other institute, assert, or consent to others instituting, asserting any legal action or law suit against the NAACP, ACT-SO, their successors, licensees, or contractors on any grounds, including but not limited to program content, print content, advertising and advertisers, fees, contractual terms and marketing.

The Consignee agrees that the NAACP, its successors, licensees and contractors can rely upon this contract and release. The parent (s) of minor ACT-SO participants, by signing this document, binds the participant, other parities, and all heirs to the terms of this contract and release.

NAME OF ACT-SO PARTICIPANT:

ADDRESS OF ACT-SO PARTICIPANT:

CITY/STATE/ZIP CODE:

PARENT(s) NAMES(s) ADDRESS (if different):

TELEPHONE NUMBER OF PARENTS: (Home) () _____ (work) () _____

SIGNATURES: _____

Parent ACT-SO Participant

NAME OF ACT-SO CHAIRPERSON: _____

DATE: _____



NAACP ACT-SO

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

YEAR _____

The undersigned parent(s) and/or guardian(s) of the following named minor:

(fill-in your participating ACT-SO youth's name)

have been advised that (ACT-SO youth's name) _____ is a contestant in the ACT-SO program and will be held by the National Association for the Advancement of Colored People in: _____. The Undersigned herewith has consent to the participation of the child in the program. Consent and approval is granted for the aforesaid minor to attend the Convention. Consent and approval is also granted to the NAACP/ACT-SO members and volunteers under whose custody the said minor has been entrusted in loco parentis to authorize and take emergency actions in the case of a medical emergency, such as an accident or sudden illness, in behalf of said minor.

Name of Medical Insurer/Provider:

Insured I.D. Number and Name:

Basic Critical Information on Child's Medical History/Problems:

Special Medications and Medical Problems:

Allergies or Other ongoing problems:

Name and Telephone Number of Child's Physician/Medical Provider:

Parent(s)/ Guardian Information:

Full Name:

Full Address:

Work Telephone: () _____

Home Telephone: () _____

Alternative: () _____

ON PENALTY OF PERJURY:

Parent/Guardian Parent/Guardian

Minor Child/ACT-SO Participant Witness Signature



ACT-SO National Competition

Musical Accompanist Request Form

UNIT NAME: _____ **UNIT#:** _____

Each student requesting a musical accompanist during the National ACT-SO Competition must complete and return this form to the National ACT-SO Office along with three (3) copies of his or her sheet music no later than April 30 of the current year. Each sheet of music must include the contestant's name, NAACP ACT-SO unit name and category of competition. The accompanist will be available for rehearsal on the day of registration from 11:00 A.M. – 2:00 P.M. & 4:00P.M. - 10:00 P.M. Rehearsal locations and schedules will be distributed at registration.

(This form and the 3 required copies of each student's sheet music must be submitted to the National ACT-SO Office along with all other registration documents by April 30 of the current year)

THE ACT-SO OFFICE WILL ONLY GUARANTEE REHEARSAL TIME FOR THOSE WHO SUBMIT THIS FORM AND THE SHEET MUSIC TO THE NATIONAL OFFICE.

Musical Accompanist Request Form

Student Name: _____

Category(ies) of competition: _____



NAACP ACT-SO

Patent and Copyright Information

Many ACT-SO participants develop very creative ideas. Some students wish to protect their ideas, especially students competing in the sciences, humanities and visual arts. There are three (3) types of intellectual property protection established by the United States Government – a patent, a trademark, and a copyright.

A **patent** is a grant of property rights by government to the inventor of a new and useful idea.

A **copyright** protects the writings of the author against copying. A copyright may be applied to an original literary, dramatic, musical and artistic (i.e. illustrations, photographs) expression that is published or unpublished. A copyright protects the form of expression, rather than the subject matter.

You may wish to contact the United States Patent Office at (800) 786-9199 for an application or a handbook on what may be patented, how to apply for a patent, legal rights, etc.

For information on obtaining a copyright application, contact the Copyright Office of the Library of Congress at (202) 707-3000. The current copyright filing fee is \$20.00.

NOTE: The United States Copyright Office now offers a short version of some of its application forms to make registering a copyright claim easier. The information requested is minimal and the instructions are brief and to the point.

Who May Use Short Forms?

Any living author who is the only author of his or her work may use the new Short Forms.

The author must be the sole owner of the copyright in the work.

Other Requirements for Using the Short Forms:

The work must be completely new in the sense that it does not contain substantial material that has been previously published or registered or that is in the public domain.

The work must not be a work made for hire. A “work made for hire” is defined as a work prepared by an employee within the scope of his or her employment; or a work specially ordered or commissioned for use as a contribution to a collective works.

If all of the above conditions are not met, use the standard application form. None of the Short Forms are appropriate for an anonymous author who does not want to reveal his or her identity.

Which Forms are Available in Short Form?

1. **Short Form PA:** to register publishes and unpublished works of performing arts, including dramas, music and lyrics.
2. **Short Form TX:** to register published and unpublished non-dramatic literary works, including fiction and nonfiction, books, short stories, poems and collections of poetry, essays, articles in series and computer programs.
3. **Short Form VA:** to register published and unpublished works of visual arts, including pictorial, graphic, sculptural, and architectural works.



NAACP ACT-SO

Science Verification Form

Year _____

THIS FORM MUST BE FILLED OUT BY THE SUPERVISING SCIENTIST, TEACHER OR ADVISOR

Student's Last Name First Branch Grade

If student does substantial research in a science laboratory, the supervising scientist must answer these questions. For all other submissions, the teacher or advisor who has worked the most with the student must answer these questions.

How long have you known the student and in what capacity? _____

How did the student get the idea for this project? Was the project assigned or picked from a list of potential research topics? _____

To what extent is the research the work of the student? _____

How independently did the student work on this project? _____

In which ACT-SO science category is this project being submitted? _____

How would you rate the student in the following areas?

Excellent Good Fair Poor Unknown

Scientific Understanding

Grasp of central project concepts

Attention to detail

Use of special equipment

Oral Communication

Written Communication

Peer Relationships

Overall ability

Print or Type Name Date Signature

Circle all that apply:

a. Scientist b. Advisor c. Teacher

Position

Institution/School Telephone Number Fax Number

Address _____
