



Georgia Health Care Association



Georgia Center for Assisted Living

# 2019 Ms. GHCA Pageant Information Packet



## **About the Ms. GHCA Pageant**

Each year, the Georgia Health Care Association hosts the Ms. Georgia Health Care Association Pageant. The 2019 Ms. GHCA Pageant will be April 6, 2019 at the Emory Conference Center & Hotel in Atlanta, GA. The pageant is divided into two phases:

### **Phase 1 - GHCA Member Hosts Local Pageant**

GHCA members are encouraged to host their own local pageant for residents in their nursing center.

### **Phase 2 - GHCA Hosts Statewide Pageant**

Following hosting a local pageant, GHCA members can enter their pageant winner for a chance to participate in the Ms. GHCA Pageant. GHCA will select judges to review the contestants who were submitted. Twenty semi-finalists will be invited to participate in the pageant.

Honor Court Members, contestants who won their local pageant but did not go on to participate in the Ms. GHCA Pageant, are invited to attend the event and be recognized.

## **Deadlines for Pageant Participation**

**December 1, 2018 – February 23, 2019:** Suggested timeline for hosting your facility's pageant.

**March 13, 2019:** Last day to enter your facility's winner for a chance to participate in Ms. GHCA.

**March 18, 2019:** Semi-finalists announced.

**April 6, 2019:** 20 semi-finalists compete at the Emory Conference Center Hotel in Atlanta, Georgia.

## **How to Enter Your Local Pageant Winner to Participate in Ms. GHCA**

Each GHCA member who wishes to enter their local pageant winner for a chance to participate in the Ms. GHCA Pageant should submit the following to GHCA by **March 13, 2019**:

- A completed Ms. GHCA Pageant Entry Form (attached)
- A signed GHCA/GCAL Photo Release Form (attached)
- Color photo(s) of the contestant
- You may also include newspaper articles featuring your contestant or any other information that you would like to submit to the judges.



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Entry information can be submitted to GHCA at [sbarnes@ghca.info](mailto:sbarnes@ghca.info) or via mail to:

Georgia Health Care Association  
Attention: Ms. GHCA Pageant  
160 Country Club Drive  
Stockbridge, GA 30281

**IMPORTANT:** Answer each of the questions on the entry form thoroughly. Detailed responses allow the preliminary judges an opportunity to better get to know your pageant's winner. Take time to include stories the resident has told you about her life and let her personality shine through. If you don't have enough space for your responses on the form, please feel free to attach your answer(s) on another page.

## **Tips for Hosting your Local Pageant**

### **Establish a Committee**

The committee will assist in planning and/or sponsoring your local pageant. Committee members may include an administrator, the activity director, food service supervisor, other staff, and volunteers from the community.

### **Select an Emcee**

### **Recruit Escorts**

Escorts will assist contestants as they take the stage during the pageant.

### **Help Participants Select Their Pageant Attire**

Long dresses are suggested.

### **Ensure You have Flowers and Prizes**

All contestants should have a corsage.

The winner should be presented with a crown, sash, and flowers. Note: A local jeweler who belongs to Jewelers of America can, with a letter from your nursing center, ask Jewelers of America to donate a crown for your event. This will need to be at least two months in advance.

Gifts and/or flowers should be presented to your runners-up.

### **Provide Refreshments**

### **Provide Entertainment**



### **Select Judges**

Judging should be individuals from the local community. Local elected officials, celebrities, or prominent citizens are suggested. Select an odd number of judges to prevent a divided decision. For sample judging criteria and ballots, please contact Sylvia Barnes at [sbarnes@ghca.info](mailto:sbarnes@ghca.info) or (678) 289-6555.

### **Promote the Event and Encourage Publicity**

Notify local churches, civic groups, and neighborhood newspapers that you are hosting the event and encourage participation.

Arrange for news coverage of the event. If you need assistance in writing a news release, please contact GHCA for a sample news release at [info@ghca.info](mailto:info@ghca.info) or (678) 289-6555.

### **Annual Responsibilities of Ms. Georgia Health Care Association**

During her reign as Ms. GHCA, the winner will be asked to attend and speak at various GHCA events. Possible engagements include:

- Georgia Golden Olympics (September)
- Stars of Long Term Care Awards Ceremony (January)

Ms. GHCA must be both willing and able to travel to these events. Family and/or staff support will be necessary, so family members will need to be made aware of the responsibilities involved with the title. Ms. GHCA must be resident of a skilled nursing center.



## Ms. GHCA Pageant Entry Form

Please answer each question thoroughly. Detailed responses allow the preliminary judges an opportunity to better get to know your pageant's winner. Take time to include stories the resident has told you about her life and let her personality shine through. If you don't have enough space for your responses on the form, please feel free to attach your answer(s) on another page.

The deadline to submit this entry form and additional materials is **March 13, 2019**.

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person: \_\_\_\_\_

### Contestant Biographical Information

(To be completed by Activity Director based on contestant interview.)

Name: \_\_\_\_\_

Length of residency at skilled nursing facility: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Birthplace: \_\_\_\_\_

Present Age: \_\_\_\_\_

Places where contestant has lived: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



Occupation(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hobbies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special interests: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of children/grandchildren: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Life accomplishments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Awards: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Church activities: \_\_\_\_\_  
\_\_\_\_\_



Community activities: \_\_\_\_\_

\_\_\_\_\_

Person contestant most admires: \_\_\_\_\_

Why? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What contestant enjoys most about their skilled nursing facility: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Favorite resident activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Ways contestant continues to help others: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Most remarkable event contestant has seen or heard about in their lifetime: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Why contestant wants to be Ms. GHCA: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate any impairments: (This is how the stage seating is determined.)

Wheel Chair:  Yes  No

Walker:  Yes  No

Hearing: \_\_\_\_\_

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mandatory:** Please enclose a color photo of the contestant with your completed entry form.

**Optional:** You may also include newspaper articles featuring your contestant or any other information that you would like to submit to the judges.

**All entry materials must be submitted to GHCA offices by March 13, 2019.**

Submit entry form and additional materials to [sbarnes@ghca.info](mailto:sbarnes@ghca.info) or via mail at:

Georgia Health Care Association  
Attention: Ms. GHCA Pageant  
160 Country Club Drive  
Stockbridge, GA 30281





## GHCA/GCAL Release Form for Media Recording

I, the undersigned, hereby consent to have my name, image, voice, likeness, biographical information, and statements (collectively, my "Likeness") captured, photographed, videotaped and/or otherwise recorded by the Georgia Health Care Association/Georgia Center for Assisted Living, its successors, assigns, licensees, agents, and legal representatives ("GHCA/GCAL"). I grant to GHCA/GCAL the right to use my Likeness for any purpose, commercial or non-commercial, as it may see fit, including without limitation the right to publish, promote, distribute, modify, edit, adapt, and make derivative works from any photographs, videotapes, and other recordings that feature or include my Likeness (collectively, the "Materials"). This grant of permission is made on a royalty free, perpetual, irrevocable, non-exclusive basis, and will apply in any media now known or later invented, with or without attribution to me, and with the express understanding that I will not be given a right of approval or advance notice of any particular use of the Materials and/or my Likeness.

I agree that all Materials are the sole property of GHCA/GCAL, and that GHCA/GCAL may copyright any aspect of the Materials. If I should receive any print, negative, or other copy of the Materials, I will not authorize its use by anyone else. I understand that no Materials will be submitted to me for approval, that I will receive no compensation or other consideration for the granting of this permission or of the use of the interview, and that GHCA/GCAL shall be without liability to me for any ill effect resulting from the publication of my Likeness.

To the extent that I make any statement or endorsement about the goods and services offered by GHCA/GCAL, I affirm that my statements reflect my true and accurate beliefs based on my use of and experience with those products and services. I further release GHCA/GCAL from any and all claims for damages for libel, slander, invasion of the right of privacy or any other claim based on the use of my Likeness that is consistent with this Release.

I hereby warrant that I am eighteen years of age or older (or that this release has been signed by my parent/legal guardian), am fully competent to execute this Release, have read this document before signing below, and fully understand its contents, meaning, and impact. In addition, I warrant that my execution of this Release, and GHCA/GCAL's use of the Materials and/or my Likeness, will not conflict with any other agreement to which I am bound.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

*If under the age of 18, or if not competent, please have the following completed by the individual's parent/legal guardian or authorized representative*

I, \_\_\_\_\_, the parent/legal guardian/authorized representative of the person designated above, approve and consent to the execution of the foregoing release and waive all rights which I may have in connection therewith. I will not revoke my consent and I guarantee performance of the foregoing release.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_