



Ataque Británico y Defensa de San Juan, Puerto Rico 1797  
*British Siege and Defense of San Juan, Puerto Rico 1797*  
 Hoja de inscripción – Abril/April 2023 - *Registration Form*

**I**

Nombre (Name)		Apellidos (Last name)	
Correo electrónico ( <i>Email</i> )		Teléfonos (Phones):	

**II**

Dirección Residencial ( <i>Home Address</i> ):			
País ( <i>Country</i> )	Estado ( <i>State</i> )	Ciudad (City)	Código Postal (Zip code)

Marque si la dirección de correo es igual. (Check if mail address is the same)

Dirección de correo ( <i>Mail address</i> )			
País ( <i>Country</i> )	Estado ( <i>State</i> )	Ciudad (City)	Código Postal (Zip code)

**III**

Fecha y hora de llegada planeada Planned date and time of arrival	Núm. vuelo aerolínea (si disponible) Airline flight number (if available)	Fecha y hora de salida planeada Planned date and time of departure

**IV. Estadia (*Accommodation*):**  Ballajá Barracks      Hotel \_\_\_\_\_

**V. Días que participaré en la recreación (*Days I will participate in the event*)** “X”

Jueves (noche) <input type="checkbox"/> <i>Thursday evening</i>	Viernes (noche) <input type="checkbox"/> <i>Friday evening</i>	Sábado <input type="checkbox"/> <i>Saturday</i>	Domingo <input type="checkbox"/> <i>Sunday</i>
--	---	--	---

Todo participante que se aloje en Ballajá, acuerda participar en todas las actividades programadas. *All participants staying at Ballajá, agree to participate in every activity scheduled.*

**VI. Estaré participando en la recreación como (*I will be reenacting as*):** “X”

<input type="checkbox"/>	Regimiento Fijo PR	<input type="checkbox"/>	Fusilier	<input type="checkbox"/>	Artillery
<input type="checkbox"/>	Milicias Disciplinadas	<input type="checkbox"/>	Sutler	<input type="checkbox"/>	Cavalry
<input type="checkbox"/>	British	<input type="checkbox"/>	Artisan/Craftman	<input type="checkbox"/>	Seaman
<input type="checkbox"/>	French	<input type="checkbox"/>	Musician	<input type="checkbox"/>	Sailor
<input type="checkbox"/>	German	<input type="checkbox"/>	Civilian	<input type="checkbox"/>	Fill if other



VII. If you are participating in your capacity as a member of a regimental and/or company unit, please state name of unit and contact person:

VIII. ¿Su participación en este evento está protegida por una póliza de seguro de su unidad? Is your participation in this event covered under your unit's insurance policy? \_\_\_  
 Sí Yes \_\_\_ No (continue IX)

Aseguradora. <i>Insurer's name</i>	Número de póliza. <i>Policy number</i>
------------------------------------	--

IX. ¿Usted trae su fusil? Are you bringing a musket?  Sí yes \_\_\_ No  
Serial ID Number: \_\_\_\_\_

X. En caso de emergencia, por favor provea el nombre y teléfono de la persona con quién usted desea que nos comuniquemos. In case of an emergency, please provide the name and phone number of the person you would want us to contact.

XI. Si usted tiene alguna necesidad especial que entiende que debemos atender, por favor, indíquelo a continuación para ayudarle a tener una estadía cómoda. If you have any special needs, you believe we should address, please indicate below to help you have a comfortable stay.

XII. Los participantes no miembros bona fide del Regimiento Fijo de Puerto Rico, contribuirán \$30.00 para sufragar costos del evento. Todo recreador que participe como fusilero o artillero contribuirá con \$20.00 adicionales para cubrir los costos de la pólvora. Esta aportación debe ser enviada a la dirección postal del encabezamiento de este formulario. El Regimiento Fijo de Puerto Rico se reserva el derecho de admisión al evento. *Non-member participants of the Regimiento Fijo de Puerto Rico will contribute \$30.00 to cover costs of the event. All reenactors participating as fusilier or artillerymen will contribute an additional \$20.00 to cover black powder cost. This contribution should be sent to the address in the header of this form. The Regimiento Fijo de Puerto Rico, Inc. reserves the right of admission to this event.*

XIII. La información solicitada aquí será utilizada por el Regimiento Fijo de Puerto Rico para procesar su registro al evento. *The information herein requested will be used by the event coordinators and organizers of the Regimiento Fijo de Puerto Rico to process your registration to the event.*

Upon completion of the registration form, please remit saved file to the following email address: **regimientofijodepuertorico@gmail.com**, or mail to PO Box 9021863, San Juan, Puerto Rico 00902-1863

Firma (Signature): \_\_\_\_\_ Fecha (date) [Click here to enter a date.](#)

If sent by email check this box  to accept the above mentioned information.



**Ataque Británico y Defensa de San Juan, Puerto Rico 1797**  
*British Siege and Defense of San Juan, Puerto Rico 1797*

**“A unique reenactment in the Caribbean”**

**2023 EVENT RELEASE OF LIABILITY FORM**

As participant in the 1797 British Siege and Defense of San Juan, Puerto Rico organized by the Regimiento Fijo de Puerto Rico Inc. (hereafter The Fijo) to enter and participate in any military, historical reenactment or activity held by The Fijo, I the undersigned hereby release The Fijo, its agents, volunteers, officers and any and all subordinate or affiliated, organizations, sponsors, hosting or associate with such Fijo activity, of and from any liability, claims, demands, actions and causes of action whatsoever arising out or related to any loss, damage or injury including death, that may be sustained by me or my property while I am participating in The Fijo activity or reenactment.

I am duly aware of its risk and hazards inherent upon participating in such activity, and or in route to or from the same and in participating in any activity during the reenactment. I hereby voluntary elect to participate in such reenactment and activities. I assume all risk, loss, damage or injury including death which may be sustained by me or property while upon in route or from the same. This release shall be binding upon my distributees, heirs, next of kin, executors and administrators.

In signing the foregoing, I hereby acknowledge that I have read this release, understand it and sign it voluntary. I am sound mind, not a minor and over the age of majority.

If a parent of a minor child who is participating (<18), I hereby sign on his/her behalf.

Print name: \_\_\_\_\_

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

If sent by email check this box  to accept the above-mentioned information.

Signed: \_\_\_\_\_