

# The Arizona Medieval Games Alumni/Knighted Student Registration Form



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Last Name

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First Name

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School Name (or unaffiliated)

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Parent/Legal Guardian's Last Name

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Parent/Legal Guardian's First Name

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Phone Number

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Email

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Dietary Restrictions: circle all that apply

Vegetarian

Vegan

Gluten Free

Food Allergies

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## T-Shirt Order

T-shirts are \$15 each.

To order a t-shirt, please circle the requested t-shirt size (all shirts are in adult sizes).

S M L XL XXL XXXL

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## Authorization and Release Form

1) I hereby give my consent for (name) \_\_\_\_\_ date of birth \_\_\_\_\_ to participate in the Arizona Medieval Games Event. It is my clear understanding that participation in athletic or other activities creates a risk normally associated with such activities, including the potential for catastrophic injury or even death. ***I indemnify and agree not to hold The Arizona Medieval Games, LLC or anyone acting on its behalf responsible for any injury or damage occurring to the above named student, others, or property in the course of these extracurricular school program activities. This release shall be binding upon all heirs, estate, executors, administrators, assignees, and for all members of the family.***

2) I hereby give permission for members of The Arizona Medieval Games team, participating teachers/school staff, and volunteers to administer appropriate medical attention including, but not limited to, first aid treatment and other services, and I authorize The Arizona Medieval Games team to obtain a physician of its own choice for any emergency medical care that may become reasonably necessary for my child in the course of the Medieval Games. In the event of an emergency, I understand that every effort will be made to contact me through the contact information that I have provided. I authorize medical help to be sought as quickly as possible. If my contact information changes at any time, I will notify the Arizona Medieval Games at [scribe@arizonamedievalgames.org](mailto:scribe@arizonamedievalgames.org) prior the start of the Games. If my contact information changes after the Games have begun, I will notify The Arizona Medieval Games and my class teacher/participating school representative immediately with updated contact information.

3) I understand that I am responsible for any medical costs not covered by my insurance company should my child need professional medical attention.

4) I acknowledge that The Arizona Medieval Games may photograph my child and use the photographs for promotional purposes in any type of media. I understand that I will not be compensated or rewarded for providing this authorization.

**By this authorization, I indemnify, release, and hold The Arizona Medieval Games, LLC harmless for any and all liability from injuries or damage to property resulting from my child's participation, for and all liability arising from providing care and treatment to my child, and grant my permission regarding use of the above information. I have read the entire document and agree to be bound by all of its provisions.**

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Parent/Legal Guardian Name (please print)

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Parent/Legal Guardian Signature

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Date

*FOR STUDENTS CURRENTLY ENROLLED IN A WALDORF SCHOOL*

*Students must obtain the approval of their class and movement teachers (at schools with a movement teacher on staff) to participate at the Arizona Medieval Games. Students must be up-to-date on their assignments and be in good standing.*

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*Class Teacher's Name (please print)*

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*Class Teacher's Signature*

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*Date*

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*Movement Teacher's Name (please print)*

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*Movement Teacher's Signature*

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*Date*