

Arizona Medieval Games Squire Registration Form



Fee: \$195 due with the registration form.

Submit the completed registration form and payment to your school.

Each school will send the forms and payment to the Arizona Medieval Games.

The registration form and fee are due by December 1st.

Please refer to the website for the refund policy.

www.arizonamedievalgames.org

SQUIRE INFORMATION

Last Name

First Name

School Name

PARENT/GUARDIAN NO. 1

Parent/Guardian's Last Name (please print)

Parent/Guardian's First Name (please print)

Parent/Guardian's Phone Number

Parent/Guardian's Email (please print)

PARENT/GUARDIAN NO. 2

Parent/Guardian's Last Name (please print)

Parent/Guardian's First Name (please print)

Parent/Guardian's Phone Number

Parent/Guardian's Email (please print)

Shire Sorting *(Circle one.)*

To be completed by class or movement teacher.

Berkshire

Cheshire

Derbyshire

Lincolnshire

Nottinghamshire

Yorkshire

T-SHIRT ORDER *(Circle the requested t-shirt size for your squire. Please note: All shirts are adult sizes.)*

S M L XL XXL XXXL

DIETARY RESTRICTIONS *(Circle all that apply.)*

Vegetarian

Vegan

Gluten Free

Food Allergies _____

SQUIRE COMMITMENT

CODE OF CONDUCT

Here do I pledge in word, deed, and thought to honour the Code of Chivalry.

I will act in HOPE by being a beacon of light and chivalry.

I will act with LOVE and KINDNESS by treating everyone with respect and honour.

I will act with FAITH and TEMPERANCE by modeling good manners and behavior.

I will act with PRUDENCE by being diligent in my tasks and responsibilities.

I will act with FORTITUDE by honouring the directions given to me by the Arizona Medieval Games leadership, honourable delegates, and esteemed members of the Court.

So swear I

I, _____, understand that it is a privilege to participate in The Medieval Games and hereby agree to abide by the Code of Conduct, the rules of the Games as described in the newsletters, and directions that I receive from Arizona Medieval Games leadership and team members, participating teachers, and shire guardians.

Student Signature

Date

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 Arizona Medieval Games 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 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 Arizona Medieval Games at arizonamedievalgames@gmail.com prior the start of the Games. If my contact information changes after the Games have begun, I will notify 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 Arizona Medieval Games may photograph my child and use photographs for promotional purposes in any type of media. I understand that I will not be paid or rewarded for providing this authorization.

By this authorization, I indemnify, release, and hold Arizona Medieval Games 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.

Parent/Legal Guardian Name (please print)

Parent/Legal Guardian Signature

Date

**To request a refund, send an email to arizonamedievalgames@gmail.com.
Full refund deadline: February 21, 2026. Partial refund deadline (less \$70): March 7, 2026**

This section is for official use only.

Date received _____

Updated 7/18/2025