Arizona Medieval Games
Adult Registration Form

PARTICIPANT INFORMATION

Last Name (please print) _____ First Name (please print) _____

School Name (or unaffiliated) _____

Phone Number _____ Email (please print) _____

☐ class teacher ☐ movement teacher ☐ other school staff

☐ class parent/volunteer ☐ adult alum knight ☐ community volunteer
(does not have a 6th grade student participating this year)

ALUM KNIGHT(S) CHAPERONE ☐ **YES** ☐ **NO**
(***not for 6th grade class parents***)

Chaperones must be at least 21 years old. Chaperones must be on site whenever the minor is on site at the event. Chaperones are expected to abide by the standard volunteer work expectations. Minors must sleep in the same area (camping or cabin) as their chaperone. Thank you for supporting the teen volunteers!

T-SHIRT ORDER *(Circle the requested t-shirt size. All shirts are in adult sizes)* **$15**
Note: A T-shirt is included at no additional charge for each class and movement teacher.

T-shirts must be ordered and paid for by February 28th for confirmed delivery. A limited number of T-shirts will be available for purchase at the event.

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DIETARY RESTRICTIONS *(Circle all that apply)*

Vegetarian Vegan Gluten Free

Food Allergies _____

SLEEPING ACCOMMODATIONS *(Circle the preferred option)*

Camping spots and cabin bunk bed accommodations are available. Individuals are required to provide their own linens/sleeping bags. Volunteers under 18 years old must sleep in the same area as their parent/chaperone.

Alumni (Teens with their chaperones)	*Clan Cabin*	*Camping*		
Adults (Teachers, Class Volunteers)	*Cabin*	*Camping*	*RV on site*	*Offsite location*

FEES & PAYMENTS

Class Volunteers & School Staff (waived for class and movement teachers)	$125
Adult Alumni & Community Members	$95
T-shirt	$15
TOTAL	**$**

Schools/classes may choose to send the volunteer forms and payments in a single bundle or have volunteers submit their own registration forms and payments directly to AMG. Please consult with your class teacher.

Registration forms may be submitted via
email to arizonamedievalgames@gmail.com
or mailed to Arizona Medieval Games, 233 E. Southern Avenue,
PO Box 23665, Tempe AZ 85282-9998

Payment in full must be submitted with the completed registration form. Checks, money orders, and online payments are accepted. Please make checks/money orders payable to Arizona Medieval Games.
Online payments made be made at https://arizonamedievalgames.org/coin-%26-purse.

To request a refund, send an email to arizonamedievalgames@gmail.com.
Full refund deadline: February 1, 2027.
Partial refund deadline (less $70): February 21, 2027

This section for official use only.

Total Received/Payment Received _____ **Date received** _____

check # _____ **online #** _____ **money order #** _____

RECOMMENDATION (*required for adult alum knights, adult alumni, and community volunteers)*

All volunteers must be in good standing. They must have demonstrated a commitment to the Medieval Games and an excellent work ethic. Every participant is expected to be a role model to those around them.

Arizona Medieval Games Leadership Recommendation: I affirm that this individual meets the qualifications described above. A list off designated signers can be found at https://arizonamedievalgames.org/community-volunteers

AMG Member of Leadership or Designee's Signature _____ Date _____

VOLUNTEER 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

Making the Games a success each year takes a village! All participants, from our beloved King to our young squires, are expected to follow the Code of Conduct.

Please note, this is not a spectator event. All volunteers are expected to participate in the work that is required to make the Medieval Games a success. Volunteers are expected to work a minimum of 8 hours per full event day and 4 hours per half day. Attendees who do not meaningfully participate in the work at hand are detrimental to morale and set a poor example for those around them. Volunteers who fulfill the role of Camp Watch may work half the standard volunteer hours. More information on volunteer opportunities can be found at arizonamedievalgames.org.

Please note that the following are not allowed at the event: alcohol, recreational drugs, firearms, pets, and unregistered children/siblings.

I, _____, pledge to abide by the Code of Conduct and the Volunteer Commitment.

Signature _____ Date _____

AUTHORIZATION AND RELEASE FORM

1) I **(name)**_____ understand that all activities have the potential for risk normally, 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 me or property in the course of this event. This release shall be binding upon all heirs, estate, executors, administrators, assignees, and for all members of the family.

2) I agree that I am solely responsible for any and all medical costs associated with any illness that may occur during or in association with participation at the Medieval Games or any injury that I experience in the course of this event.

3) I acknowledge that Arizona Medieval Games may photograph me and use the photographs for promotional purposes in any type of media. I understand that I will not be paid or rewarded for the use of my image in photos at The Arizona Medieval Games.

By this authorization, I indemnify, release, and hold Arizona Medieval Games or anyone acting on its behalf responsible harmless for any and all liability from injuries or damage to property resulting from my participation. I have read the entire document and agree to be bound by all of its provisions.

_____
Name (please print)

_____ _____
Signature Date

ILLNESS POLICY

Being mindful of the effect our health may have on others is an excellent example of the virtue of Prudence.

- Any participant who is experiencing fever, chills, a sore throat, muscle/body aches, nausea, vomiting, diarrhea, or any other communicable illness may not attend the Games.
- Anyone who has recently experienced any of the listed symptoms must be symptom free for 24 hours in order to attend the Games.
- Anyone who has a confirmed communicable illness within 14 days of the Games must receive and submit a negative test for that illness or a doctor's note asserting that they are no longer contagious before attending the Games.
- Anyone who experiences any of the listed symptoms or other signs of illness during the Games must leave in order to prevent the spread of illness**.**

I have read and understand the illness policy.

_____

Parent/Legal Guardian Name (please print)

_____ _____

Parent/Legal Guardian Signature Date

FINGERPRINT CLEARANCE CARDS

A Fingerprint Clearance Card is required for **Shire Guardians and Knights Watch** and must be on file with AMG; current teachers/school staff are exempt from providing a FPCC to AMG. FPCCs may be included with the registration form or sent via email to arizonamedievalgames@gmail.com

☐ FPCC attached ☐ FPCC previously submitted

Arizona Medieval Games reserves the right to refuse registration and/or admission to anyone who is in violation of Code of Conduct.