Arizona Medieval Games Squire Registration Form



Fee: \$185 due with the registration form. The fee covers the per person site fee, all food, activities, a t-shirt & medallion, and administrative costs. Submit the completed registration form and payment to your local school. Each school will send the forms and payment to the Arizona Medieval Games.

Please refer to the website for the registration and payment deadline and the refund policy. www.arizonamedievalgames.org

Squire Information		
Last Name	First Name	
School Name (or unaffiliated)		
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)	

Dietary Restrictions: circle all that apply			
Vegetarian	Vegan	Gluten Free	
Food Allergies			
T-shirt Order			
Please circle the requested t-shirt siz	e (all shirts are in adult	sizes) for your squire.	
S M	1 L XL XXL	XXXL	
Student Statement of Participation	n		
I,	ections that I receive from		
Student Signature		——————————————————————————————————————	

Authorization and Release Form

1) I hereby give my consent for (name)	date
of birth to participate in the Arizona understanding that participation in athletic or other activitie activities, including the potential for catastrophic injury or earizona Medieval Games or anyone acting on its behalf rethe above named student, others, or property in the course activities. This release shall be binding upon all heirs, estall members of the family.	s creates a risk normally associated with such even death. I indemnify and agree not to hold esponsible for any injury or damage occurring to of these extracurricular school program
2) I hereby give permission for members of the Arizona M staff, and volunteers to administer appropriate medical atternand other services, and I authorize the Arizona Medieval Ga for any emergency medical care that may become reasonable Medieval Games. In the event of an emergency, I understant through the contact information that I have provided. I authossible. If my contact information changes at any time, I warizonamedievalgames@gmail.com prior the start of the Games have begun, I will notify The Arizona Medieval Garrepresentative immediately with updated contact information	ntion including, but not limited to, first aid treatment ames team to obtain a physician of its own choice by necessary for my child in the course of the aid that every effort will be made to contact me norize medical help to be sought as quickly as will notify the Arizona Medieval Games at times. If my contact information changes after the mes and my class teacher/participating school
3) I understand that I am responsible for any medical costs child need professional medical attention.	not covered by my insurance company should my
4) I acknowledge that Arizona Medieval Games may photopromotional purposes in any type of media. I understand that authorization.	
By this authorization, I indemnify, release, and hold Ariliability from injuries or damage to property resulting framing from providing care and treatment to my child, above information. I have read the entire document and	rom my child's participation, for and all liability and grant my permission regarding use of the
Parent/Legal Guardian Name (please print)	_
Parent/Legal Guardian Signature	Date
	Updated 2/7/2024