The 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 LLC.

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 size (all shirts are in adult sizes) for your squire.

S M L XL XXL XXXL

Student Statement of Participation

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

_____ _____

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 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 *arizonamedievalgames@gmail.com* 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. The photographs may not be used for profit without my express permission. I understand that I will not be paid 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.

_____

Parent/Legal Guardian Name (please print)

_____ _____

Parent/Legal Guardian Signature Date

Updated 9/19//2022