Arizona Medieval Games
Alum Knight Registration Form

Use this form for volunteers who will be under 18 years old at the start of the event. Teen volunteer slots are limited.

PARTICIPANT INFORMATION

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

Phone Number _____ Email (please print) _____

School Name _____ Grade _____ Age (at start of event) _____

PHOTO REQUEST

It is encouraged, but not required, for alum knights to send a photo with their registration (or email it separately) so that leadership and the Knights Watch can become familiar with them in advance.

☐ photo included

☐ decline photo

PARENT/GUARDIAN(S)

Parent/Legal Guardian's Last Name (please print) _____ Parent/Legal Guardian's First Name (please print) _____

Phone Number _____ Email (please print) _____

CHAPERONE RESPONSIBLE FOR ALUM KNIGHT (If not parent/guardian)

Chaperones must be at least 21 years old. The chaperone 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.

Chaperone's Last Name (please print) _____ Chaperone's First Name (please print) _____

Phone Number _____ Email (please print) _____

T-SHIRT ORDER *(Circle the requested t-shirt size, all shirts are in adult sizes)* **$15**

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.

S M L XL XXL XXXL

DIETARY RESTRICTIONS *(Circle all that apply)*

Vegetarian Vegan Gluten Free

Food Allergies_____

SLEEPING ACCOMMODATION REQUEST *(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 & Chaperones) Clan Cabin Camping

FEES & PAYMENTS

Alumni Registration Fee	$95
T-shirt order	$15
TOTAL DUE	**$**

Registration forms may be submitted via email or USPS**.**
arizonamedievalgames@gmail.com
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.

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

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

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 compensated or rewarded for providing this authorization.

5) Allergies/medical conditions: _____

6) Emergency Contact

_____ _____

First and Last Name (please print) Phone Number

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 and for all liability arising from providing care and treatment to my child. I 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

RECOMMENDATIONS

Alum Knights wishing to volunteer at the Arizona Medieval Games event must obtain a recommendation from a class/movement teacher and from a member of the AMG leadership, a member of the Knights Watch, or designated individuals to participate at the Arizona Medieval Games event. A list of approved signers is available on the website.

Students must be in good standing in their conduct, grades, and school attendance. They must have demonstrated a commitment to the Medieval Games and have an excellent work ethic. Alum Knights must be good role models to the squires and volunteers who are new to the Games.

***Teacher's Recommendation: I affirm that this student meets the qualifications described above**.*

_____ _____

Teacher's Signature *Date*

***AMG Recommendation: I affirm that this student meets the qualifications described above**.*
A recommendation may be sent via email to arizonamedievalgames@gmail.com.

_____ _____

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

This section for official use only.

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

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

928.275.3950 arizonamedievalgames@gmail.com www.arizonamedievalgames.org
233 E. Southern Avenue, PO Box 23665, Tempe AZ 85282-9998

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

THE CHARGE

- *Alum knights must strive to work well with all fellow volunteers and be supportive of each other.*
- *Alum knights must be dressed in costume from Wednesday at 2:00pm through Saturday at 11:00am. Alum knights are expected to dress appropriately for the cold mornings and evenings. Layers are essential!*
- *Tasks will include food serving, field support, kitchen work, set up/break down support, refilling water coolers, etc.*
- *Alum knights must work a minimum of 8 hours/full day.*
- *Alum knights may spend off hours at the knights' dining table or at the artisan guild.*
- *Alum knights may only return to their quarters with a chaperone/parent.*
- *Curfew is from 10:00pm – 7:00am. During the curfew hours, alum knights must be with their chaperones unless on a special assignment.*
- *At the discretion of their parent/chaperone, alum knights may carry a cell phone. Cell phones must be out of sight of the squires.*
- *Alcohol, drugs, smoking, vaping, aggression, bullying, and any sexual conduct are strictly prohibited.*

THE AGREEMENT

I agree that….

- My purpose at the Games is to work and support the event.

- I will abide by the Code of Conduct and Charge.

- I am part of the Medieval Games community and I understand that this is a valuable experience.

- I will behave in a knightly manner at all times so that I am a good role model to all.

- I will abide by the directions of the Knights' Watch volunteers, members of the Arizona Medieval Games Leadership (Dame Heidrun, Dame Colleen, King Gaetano, & Sir Joseph), members of the Court, and my parent/chaperone.

- Any breach of this agreement will result in a response ranging from a conference to dismissal from the Games.

Alum Knight's 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