



FESTIVAL 2017
TEEN TEAM (Ages 12 – 17) MEMBERSHIP
FORM

Thank you for volunteering to help with Festival 2017. Please fill out both sides of this form and return it to the Frontier Days Festival Committee. Teen Team members must be between the ages of 12 and 17 as of June 30th, 2017. A teen **MUST** have a parent signature to participate in Frontier Days Festival. **WHAT YOU NEED TO DO:**

1. **COMPLETE** this form (Please Print!)
2. **RETURN** the completed form by mail to: **Frontier Days, Inc. - Teen Team**
Post Office Box 177 Arlington Heights, IL 60006 OR
FAX TO: 847-577-8645 by June 21st, 2017 to be guaranteed a SHIRT for the Festival
3. **ATTEND the Teen Team Organizational Meeting, On Friday, May 26th at 6:00 PM.**
4. **QUESTIONS?** Contact the Festival Office at 847-577-8572 or Teen-Team@frontierdays.org
OR Eric Andruszko at 847-436-2506

Teen's Name _____

Home Address _____

Town, State, Zip _____

E-mail Address _____

Home Phone Number _____

Cell Phone Number _____

Parent Phone Number to contact during Festival _____

Age on June 30, 2017 _____ Birth Date _____

Is/are your parent(s) a Festival member? Yes ___ No ____, If so, who? _____

Is/are another family member a Festival member? Yes ___ No ____, If so, who? _____

In the event of an emergency please contact:

Name: _____

Phone Number: _____ (Cell/Home/Work)

SHIRT ORDER FORM
(White shirt with red logo)

Each Teen Team member may order one complimentary Festival Tee Shirt, **if needed**. Shirts are **adult** sizes only. Please circle your size preference.

Small Medium Large X-Large XX-Large

2017 TEEN TEAM OPPORTUNITIES

Thank You for volunteering to help make Festival 2017 a success for our community!

To sign-up for volunteer openings, you must do the following:

1. Complete, sign, and turn in the 2017 Teen Team Application.
2. Attend Teen Team meeting May 26th, 2017.
3. Sign up for volunteer openings at <http://frontierdays.ivolunteer.com> or contact Eric Andruszko at 847-436-2506

TO PARTICIPATE as a Teen Team member, this Permission Slip **MUST BE SIGNED AND ON FILE in the Festival Office before June 30th, 2017.**

2017 RELEASE AND TEEN TEAM PERMISSION FORM

I give permission for my daughter/son _____
to volunteer at various activities at Frontier Days Festival at Recreation Park in Arlington Heights, IL from June 30, 2017 through July 5, 2017. I agree that in the event of an injury or accident involving my child and related to or arising from my child's volunteer activities with the Frontier Days Festival, I will not hold Frontier Days, Inc., its agents, directors, officers, members or volunteers liable for any injury or accident and I hereby waive and relinquish any cause, claim, or action for damages related to such injury or accident against such party or parties. Should my child become ill or injured while volunteering at Frontier Days and after a reasonable attempt has been made to contact me, she/he may receive emergency medical attention at my expense and without further authorization.

1) Parent /Guardian Name _____

Relationship _____ Phone Number _____

2) Alternate Contact Name _____

Relationship _____ Phone Number _____

Please list any medical or allergy information:

Parent/Guardian Signature

Date: