



## TEEN TEAM (Ages 12 – 17) MEMBERSHIP FORM

Thank you for volunteering to help with **FESTIVAL 2024**. Please fill out 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 30, 2024**. A teen **MUST** have a parent signature to participate in Frontier Days.

### WHAT YOU NEED TO DO:

- 1. COMPLETE this form (Please Print!)**
- 2. RETURN the completed form and mail to:**  
**Frontier Days, Inc. OR. FAX TO: 847-577-8645**  
**Teen Team**  
**P. O. Box 177 Arlington Heights, IL 60006**

Teen's Name \_\_\_\_\_

Home Address \_\_\_\_\_

Town, State, Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Age on JUNE 30, 2024 \_\_\_\_\_ Birth Date \_\_\_\_\_

Is/are your parent(s) a Festival member? Yes \_\_\_ No \_\_\_, If so, who? \_\_\_\_\_

**AS OF APRIL 15, TO VOLUNTEER AT FRONTIER DAYS FESTIVAL GO TO SIGN UP  
GENIUS AT FRONTIERDAYS.ORG**

**Form should be in by June 1, 2024, to guarantee a TEEN SHIRT for the Festival.**

### **TEEN TEAM 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



## 2024 FESTIVAL TEEN TEAM PERMISSION FORM

**IN THE EVENT OF AN EMERGENCY CALL:**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ (Cell/Home/Work)

**TO PARTICIPATE AS A TEEN TEAM MEMBER, TEEN MUST HAVE A SIGNED PARENT PERMISSION FORM ON FILE IN THE FESTIVAL OFFICE BEFORE JUNE 30, 2024.**

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, 2024, through July 9, 2024.** 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:

\_\_\_\_\_

**QUESTIONS?** Contact the Festival Office at 847-577-8572 or [TeenTeam@frontierdays.org](mailto:TeenTeam@frontierdays.org)

**AFTER APRIL 15, GO TO FRONTIERDAYS.ORG AT SIGNUP GENIUS, TO VOLUNTEER FOR DAYS AND SHIFTS OF YOUR CHOICE.**