**TEAM LEADER – VOLUNTEER REGISTRATION FORM**

**June 20-23, 2017**

**Step 1: Volunteer information Information**

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

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M.I. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt # \_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State \_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_ Best Contact Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex \_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_\_\_\_

School Currently Attending \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Grade in 2016-17 School Year**: \_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any allergies or medical conditions?  Yes  No **If yes, please explain:**

**T-shirt Size:** YS (6-8)  YM (10-12)  YL (14-16)  AS  AM  AL  AXL

**Please return this form as soon as possible to: Jeanie Laube 13352 Peyton Dr. Dallas TX 75240 (469) 360-6021**

[**jeanielaube@yahoo.com**](mailto:jeanielaube@yahoo.com)

**or**

**Kidventure, 3809 Parry Ave. #106, Dallas, TX 75226 c/o Ryan Isbrecht (214) 303-9789**

**Email forms or questions to** [**olympics@kidventure.com**](mailto:olympics@kidventure.com) **or call (214) 303-9789.**

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(Backup…Friends of Fair Park, 1121 First Avenue, Dallas, TX 75210. For questions email Jason at [Jason@fairpark.org](mailto:Jason@fairpark.org) or call (214)426-3400 Ext. #2.)

**Deadline to apply is May 22, 2017.**

**The Fair Park Olympic Day Games for Kids Event is sponsored by Friends of Fair Park, funded by the Fair Park Texas Foundation, and conducted by Kidventure, a firm with 23 years of experience in conducting successful summer camps for kids in the Dallas, Austin and Houston areas. 5 11 17**

## Medical Information and Release

Emergency Contact (Other Than Parent or Guardian): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Health Insurance Information**

Insurance Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Group Policy #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List Any Persons Authorized to Pick Up Child(ren) (Other Than Parents)**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Each family will be issued a unique pick-up number on their first day of the event.. Any person picking up must present or know this number.*

**Medical Authorization and Permission to Treat**

I hereby grant to Friends of Fair Park and Kidventure permission to take whatever action in its judgment may be necessary in supplying emergency medical services to the named child(ren).  I understand that, consistent with the circumstances of the situation and available time, Friends of Fair Park and Kidventure. will make every effort to contact and follow the instructions of the parent or legal guardian, physician, or other person designated by me. In the event Kidventure Inc. is unable to contact the parent or guardian, physician, or other persons listed, I hereby agree that I will be solely responsible for and will pay promptly any expenses which may be incurred by Friends of Fair Park and Kidventure in making emergency medical treatment to the named child(ren).

**Liability Waiver and Release**  
I am giving my child(ren) my permission to participate in the described supervised, organized activity sponsored by Friends of Fair Parks and Kidventure I understand and am aware that such activity involves a risk of injury from my child(ren)'s participation in the said activity and that I am voluntarily giving permission to participate in this activity. I hereby agree to expressly assume and accept any and all risk of injury from my child(ren)'s participation in this activity.  I do hereby and forever discharge, release, indemnify, and hold harmless Friends of Fair Park, Kidventure, City of Dallas, Fair Park Texas Foundation and the State Fair Association and the participating organizations and their employees, the Association, Board of Directors, officers, agents and managing parties for and on behalf of myself and my minor child(ren) and our respective heirs, successors and assigns from any and all liability, rights of action, causes of action, losses, claims, demands, cost and expenses for damages and/or personal injury that may arise in conjunction with my child(ren)'s participation in this activity.

**Photo Release**  
I understand that photographs, video and/or digital images (hereinafter images), may be taken of my participation or my minor's participation in various activities while at event. I understand that no names or personal contact information will accompany any images.  I understand that these images may be used in slide shows, web-site photo albums, video yearbooks, and other promotional materials and/or publications. I acknowledge below that I do consent to such images of my likeness or my minors likeness being taken and do not request compensation for the use of my likeness or my minors likeness. I grant Friends of Fair Parks and Kidventure and host sites the absolute right to copyright, re-use, publish and republish by any medium, including electronically, any photos included that may be taken while participating in a Friends of Fair Parks and Kidventure event unless otherwise notified in writing. I also understand and accept all information and conditions explained on the Fair Park Olympic Day Games for Kids informational material.

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

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

**Step 3: Health Information and Waiver**