



# Registration Form



Event dates are 6/18-6/20/2010. Please submit one registration form per participant. Complete each section and mail \$30 per participant with this form. Additional meal tickets may be purchased for \$15. Please note how many meal tickets you wish to purchase on this form and submit payment for meal tickets with the form. Payments may be made by check, money order, or cashier's check. Checks should be made payable to the Arizona Elk Society. Mail form and payment to Wapiti Weekend, 924 West Via De Palmas, Queen Creek, AZ 85140. Questions? Call Elizabeth Stewart at (480) 983-1039.

## Waiting List Application

### PARTICIPANT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age at Time of Camp: \_\_\_\_\_

T-Shirt Size (T-SHIRTS ARE FOR PARTICIPANTS ONLY): Youth Size Sm \_\_\_ Med \_\_\_ Lg \_\_\_ Adult Size Sm \_\_\_ Med \_\_\_ Lg \_\_\_ XL \_\_\_

### PARENT/GUARDIAN INFORMATION

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

Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: ( ) Work Phone: ( ) Cell Phone: ( )

E-mail: \_\_\_\_\_  I would like to volunteer during the weekend.

### RELEASE/MEDICAL CARD INFORMATION

In case of emergency, if the parent/guardian cannot be located please contact:

Name \_\_\_\_\_ Home Phone: ( ) Cell Phone: ( )

I certify that we do \_\_\_ do not \_\_\_ have medical and hospital insurance to cover the named camper/participant.

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

BE IT KNOWN THAT I, undersigned parent/guardian, do hereby give and grant unto any medical doctor or hospital my consent and authorization to render such aid, treatment, or care to said participant as in the judgment of said doctor or hospital that may be required, on an emergency basis in the event said participant should be stricken ill or injured while participating in a Wapiti Weekend activity, sponsored by the Arizona Elk Society, and the Arizona Game and Fish Department. I understand that any expenses incurred are the responsibility of the parent/guardian or the insurance carrier provided by the parent/guardian, and the payment of any medical expense is NOT the responsibility of the Arizona Elk Society and the Arizona Game and Fish Department. I further understand and agree to abide by the general rules of conduct prescribed for participants of the Wapiti Weekend and that violations may result in the denial of privileges, a forfeiture of all fees paid and immediate removal from Wapiti Weekend activities. I have read this release, I understand that it affects unspecified legal rights and responsibilities, and hereby agree and consent to its terms and conditions and hereby waive any claims arising from participation in activities or programs of the Arizona Elk Society and the Arizona Game and Fish Department during Wapiti Weekend.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



# How to Get There

