



# WILD IN THE CITY

www.arizonaelksociety.org



Event date is **November 4, 2017**. Please submit one registration form per participant. Complete each section and mail \$15.00 per participant with each form. Additional meal tickets may be purchased for \$5.00 per person. Please note how many meal tickets you wish to purchase on the payment form and submit payment for meal tickets with the registration form(s).

Payments may be made by check, money order, or cashier's check. Check should be made out to the Arizona Elk Society.  
If you would like to Charge your payment on a Credit Card you need to call AES Admin., Kathi Nixon – 928-635-1443.

**Mail form and payment to: Arizona Elk Society / Wild in the City, 7558 W. Thunderbird Rd. Ste. 1-465, Peoria, AZ. 85381**

For questions you may contact AES Youth Education Coordinator Ken Turer (623) 680-8932, [turer@earthlink.net](mailto:turer@earthlink.net) or Steve Clark (602) 492-5319, [stevec@arizonaelksociety.org](mailto:stevec@arizonaelksociety.org). Please mail the registration form by October 20, 2017.

### Space is Limited Please Register Early!

#### Participant Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Age at Time of Camp: \_\_\_\_\_ Troop #: \_\_\_\_\_

#### 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 \_\_\_\_\_  
# of Additional meal tickets (\$5.00 each) \_\_\_\_\_ = \$ \_\_\_\_\_

#### Release/Medical Card Information

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

Name: \_\_\_\_\_ 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 an Arizona Elk Society (AES) activity, sponsored by the Arizona Elk Society. 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. I further understand and agree to abide by the general rules of conduct prescribed for participants of the AES and that violations may result in the denial of privileges, a forfeiture of all fees paid and immediate removal from AES 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 the AES event.

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



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