



**2025 FESTIVAL July 2nd - 6th
TEEN TEAM (Ages 12 – 17)
MEMBERSHIP FORM**

Thank you for volunteering to help with **FESTIVAL 2025**. Volunteer opportunities are available between June 21st and July 8th. 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, 2025**. 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 bymail to:**

**Frontier Days, Inc.
Teen Team
P. O. Box 177
Arlington Heights, IL 60006**

OR FAX TO: 847-577-8645

Teen's Name _____

Home Address _____

Town, State, Zip _____

E-mail Address _____

Home Phone Number _____ Cell Phone Number _____

Age on JUNE 30, 2025 _____ Birth Date _____

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

Form should be in by June 1, 2025, 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

**AFTER APRIL 15, YOU CAN GO TO SIGNUP GENIUS AT
FRONTIERDAYS.ORG TO CHOOSE YOUR VOLUNTEER OPTIONS!**



**2025 FESTIVAL July 2nd - 6th
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PERMISSION FORM**

IN THE EVENT OF AN EMERGENCY CALL:

Name: _____

Phone Number: _____ (Cell/Home/Work) _____

TO PARTICIPATE AS A TEEN TEAM MEMBER, EACH TEEN MUST HAVE A SIGNED PARENT PERMISSION FORM ON FILE IN THE FESTIVAL OFFICE BEFORE JUNE 30, 2025.

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 29, 2025, through July 8, 2025.** 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.

Parent /Guardian Name _____

Relationship _____ Phone Number _____

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

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