



TEEN TEAM (Ages 12-17) MEMBER SIGNUP FORM

THANK YOU FOR VOLUNTEERING FOR FESTIVAL 2025!
Volunteer opportunities available June 29 through July 8.
Visit frontierdays.org

2025 FESTIVAL DATES: WEDNESDAY, July 2 – Sunday, July 6

*To receive a TEEN SHIRT for the Festival,
forms must be signed and returned to Frontier Days
by the June 1, 2025, DEADLINE.*

Complete this form and permission slip, **including your parent's signature**, and email it to cochair@frontierdays.org, or mail to: Frontier Days, Inc., P.O. Box 177, Arl. Hts., Illinois 60006.

Please print clearly and use one form per volunteer.

Name _____

Home Address _____

Town, State, Zip _____

E-mail Address _____

Home Phone _____ Cell Phone _____

Age on JUNE 30, 2025 _____ Birth Date _____

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

TEEN TEAM SHIRT ORDER FORM (white shirt with red logo)

Each Teen Team member may order one complimentary Festival t-shirt.

Shirts are **adult sizes only**. Please circle your preference.

Small

Medium

Large

X-Large

XX-Large

After April 15, visit frontierdays.org to volunteer on our Sign-Up Genius.



TEEN TEAM (Ages 12 – 17) PERMISSION FORM

2025 Volunteer opportunities available June 29 through July 8.

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. (Teen Team Shirt Deadline: 6.1.2025)

I give my permission for my daughter/son _____ to volunteer for various activities at Frontier Days Festival at Recreation Park in Arlington Heights, Illinois, **JUNE 29, 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. 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, my child may receive emergency medical attention at my expense and without further authorization.

Parent /Guardian Name _____ Phone Number _____
(please print)

Parent/Guardian Signature _____ Date _____

IN THE EVENT OF AN EMERGENCY CALL:

Name _____ Relationship to Teen _____
(please print)

Phone Number _____

Alternate Contact Name _____ Relationship to Teen _____
(please print)

Phone Number _____

Please list any medical or allergy information _____

QUESTIONS? Call the Festival Office at 847-577-8572 or email TeenTeam@frontierdays.org