



**2026 FESTIVAL July 1<sup>st</sup> - 5<sup>th</sup>  
TEEN TEAM (Ages 12 – 17)  
MEMBERSHIP FORM**

Thank you for volunteering to help with **FESTIVAL 2026**. Volunteer opportunities are available between June 21<sup>st</sup> and July 8<sup>th</sup>. 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, 2026**. 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 by mail 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, 2026, 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!**



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PERMISSION FORM**

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**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, 2026.**

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 27, 2026, through July 8, 2026**. 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](mailto:TeenTeam@frontierdays.org)

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