REGISTRATION & MEDICAL INFORMATION FORM

IMPORTANT: This form must now be completed in full and sent to us prior to February 1st for all participants. This information is now required by Broward County prior to opening to cnoduct background checks on all participants. You must also provide a copy of your photo ID. FAILURE TO COMPLETE THE FORM IN FULL may result in not being able to participate in the festival.

PERSONAL INFORMATION:

***Legal Name:** _____
(Last) (First)

Nickname: _____ ***Birthday:** _____

***Street Address (include apt. #):** _____

***City:** _____ ***State:** _____ ***Zip:** _____

***State ID/Driver's License #:** _____ **State Issued:** _____

Phone: _____ **E-mail/Website:** _____

Required Fields for Background Check

EMERGENCY CONTACT & MEDICAL INFORMATION:

Emergency Contact Name: _____

Phone: _____ Relationship: _____

List Allergies: _____

List Medical Conditions: _____

Current Prescriptions: _____

EMPLOYER INFORMATION: *(Please check all that apply.)*

Crafter	_____	Staff	_____	Food & Bev.	_____
Performer	_____	Games	_____	Site	_____
Encampment	_____	Security	_____	Other	_____

Booth or Encampment Name: _____

Supervisor's Name: _____ Title/Role: _____

Are you staying in the campground? _____ Primitive? _____ Electric? _____

VEHICLE INFORMATION:

Do you need a parking pass? _____ Tag # _____ State: _____

Car Make: _____ Model: _____ Color: _____

FlaRF ID cards MUST be carried at all times, but not visible if in costume. If you lose your pass, a replacement ID is $20.00. Parking passes MUST be displayed properly or your vehicle will be towed at YOUR expense.

My signature on this form constitutes my agreement to abide by all Rules and Regulations, as set forth by the Florida Renaissance Festival, and to insist upon compliance from my employees. Violation by myself, or anyone working (paid or unpaid) in my booth, may void any contract with the Producer, I have received a copy of said Rules and Regulations, which are incorporated herein by reference, and made a part hereof.

Signature: _____ Date: _____