REGISTRATION & MEDICAL INFORMATION

IMPORTANT: This form must now be completed in full and sent to us prior to Feb 1st for all participants. This information is now required by Broward County prior to opening to conduct 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: _____ **SS# _____

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

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

**State ID/Drivers License #: _____ State Issued: _____

Phone: _____ Email/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	☐	F&B	☐
Performer	☐	Games	☐	Site	☐
Encampment	☐	Security	☐	Other	☐

Booth or Encampment Name: _____

Supervisors Name: _____ Title/Role: _____

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

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: _____