

Firefly Toys & Games

Jr. Pinball League

Fall 2019

Participants Information:

Name: _____

Date of Birth: _____ Age: _____

T-Shirt Size: **S M L XL XXL (Child / Adult)**

Parent/Guardian Information:

Name: _____

Mailing Address: _____

City, State, Zip

Email Address: _____

Phone Number: _____

<p>Please list any facts concerning the child's medical history, any physical impairments or conditions (including food allergies), and medications currently taken of which a physician and Firefly Toys & Games Staff should be informed.</p>	
<p>_____</p> <p>Please initial</p>	<p>This is to certify that I give permission to Firefly Toys & Games to photograph and/or videotape my child during Pinball League for use on their website, promotional brochures, and other marketing materials. I understand that all rights, title, and interest in the photography used belong to Firefly Toys & Games and that I will receive no financial compensation for the use of these pictures and/or videotapes. I further understand that the above agency may edit, copy, alter, or revise the photographs and/or videotapes for use on their website, promotional brochures, and other marketing materials.</p>

Parent/Guardian Signature: _____ Date: _____