



## CHAPERONE RELEASE FORM

All members and guests age 18 and under who are not accompanied by a parent must complete the Chaperone and Medical Release forms and return both forms with this Registration Form.

My chaperone will be \_\_\_\_\_ . I hereby agree to allow \_\_\_\_\_ (name of chaperone) to serve as the chaperone for my child \_\_\_\_\_. The chaperone has my permission to act in any medical or disciplinary activities as necessary during the following \_\_\_\_\_, on the following dates \_\_\_\_\_.

\_\_\_\_\_  
(Parent's Signature)

\_\_\_\_\_  
(Date)

I hereby agree to be the chaperone of the individual, including travel to and from the following \_\_\_\_\_, on the following dates \_\_\_\_\_.

\_\_\_\_\_  
(Chaperone's Signature)

\_\_\_\_\_  
(Date)

Revised 2009