

Peace Lutheran Church of Galloway - Missouri Synod
FORMS

FORM 509. CHAPERONE AGREEMENT FORM

- REQUIRED OF ALL CHAPERONES -

Please complete the information below. Your signature indicates your acceptance to follow Chaperone Policies.

PLEASE PRINT OR TYPE:

Chaperone name: _____

Event and location: _____

Date of Event: _____

Youth assigned to me:

1. (name)	_____	(date of birth) _____	(M/F) _____
2. (name)	_____	(date of birth) _____	(M/F) _____
3. (name)	_____	(date of birth) _____	(M/F) _____
4. (name)	_____	(date of birth) _____	(M/F) _____
5. (name)	_____	(date of birth) _____	(M/F) _____

AS CHAPERONE, I ACKNOWLEDGE THAT I:

- am at least 21 years of age;
- will only chaperone between 1 and 5 youth;
- will obtain and have available all parent permission, emergency contact and medical release forms;
- am fully responsible for the actions and whereabouts of said youth at all times;
- will accompany named youth to all activities and events;
- will discuss the purpose, importance and the rules for behavior with named youth;
- will attend at least one mandatory chaperone briefing;
- will review and discuss all material covered in the chaperone briefing with the youth assigned to me;
- will enforce appropriate behavior by myself and said youth according to Policies of the Church, Conference, Hotel, Restaurant, etc., including prevention of property damage, excessive noise after hours, breaking of curfew, etc.
- will report any violation of policy and any accident or illness to my Group Leader.

I have read, fully understand and accept the chaperone policies,

Printed name

Signature

Date