



**UPA YOUTH CHAPERONE
CONSENT & RELEASE FORM (Version 3.0)**

I will chaperone for (Name of Organization/Team/Player): _____

Org/Team/Player Location (City/State): _____

Applicant's Name: _____

Applicant's Home Address: _____

Street

Apt.#

City

State

Zip Code

Home Phone: (_____) _____ E-mail: _____

Drivers License Number: _____ State: _____

I [Name of Applicant] _____, understand that I am responsible for obtaining Medical Authorization forms for each of the minors on my team/that I am chaperoning and having them available at UPA events.

Age Requirement

I understand that the age requirement for chaperones at UPA H.S. Easterns, UPA H.S. Westerns and UPA Youth Club Championships (YCC) is 25 or older.

I understand that the age requirement for chaperones at all other UPA events (includes UPA sanctioned events, H.S. state championships, etc) is 18 or older **AND** have graduated from high school.

I confirm that I was born on _____/_____/_____

I confirm that I have graduated from high school.

Name (printed): _____ **Date:** _____

Signature: _____

***All portions of this form must be completed or it will not be accepted – one form per chaperone.
Chaperone forms are valid for one calendar year, expiring on 12/31 of each year.***