Chaperone Agreement

Club __________________________
Event __________________________
Location __________________________
Date(s) From ______ To ______

I, the undersigned, as a chaperone of this club acknowledge the following:

- I have a firm grasp of the basics, understand safe conditioning and training methods, can relate to the club members, and be knowledgeable of the policies and procedures of the Club Sport Program.
- I understand that Club Sports are directed and governed by students, therefore, I acknowledge and respect the leadership positions of the officers and abide by all decisions made on behalf of the group.
- I understand that recommendations made by myself are encouraged and will be considered by the group; but ultimately the final decision rest on the club members, who will be held accountable.

Additionally I shall:

- Sign the chaperone agreement for each trip.
- Travel and stay with the team for the duration of the assigned trip.
- Be a positive role model for all participants.
- Encourage positive team-building activities.
- Provide expertise and mature judgment.
- Keep abreast on technical knowledge of the game.
- Help ensure that activities and undertakings of the club are sound and reflect favorably on the University.
- Know university policies affecting club operations.
- Monitor conduct of participants and take action to correct any negative behavior.
- Develop leadership qualities of club officers.
- Act as positive critic to club operations.
- Serve as resource for alternative ideas or solutions to problems.
- Abide by all University/Sport Club rules and regulations and insure that club members do the same.
- Promote good sportsmanship on and off the field.
- Provide proper supervision.
- Establish a plan and course of action for safety and risk management.
- Should an athletic injury occur, related to competition, you will take responsible action for safety and well being of the injured athlete. If hospital services are needed due to life threatening or serious injury, you must accompany athlete to hospital and report to Assistant Director who will in turn inform parents of the situation.

This form must be completed five (5) days prior to the assigned trip.

Name:___________________________ Signature:______________________ Date:_____________
Address:___________________________ Phone:___________________ Email:________________