

**The Sword Conservatory, Inc.
Chaperone Agreement Form**

Purpose

Per TSC's Conduct Risk Management Program (page 10, "General Policies"), there must be an Adult Volunteer who is responsible for each Minor Volunteer. (This does not need to be a one-to-one relationship; one Adult Volunteer may be responsible for any number of Minor Volunteers.) Ideally, the Adult Volunteer is the Minor Volunteer's parent or guardian, but when that is not possible, another Adult Volunteer may take on responsibility for the Minor Volunteer. The Sword Conservatory, Inc. (TSC) is providing this form as a convenience to assist the parents/guardians of minors who would like to volunteer for TSC activities, when those parents/guardians are unable to be present. The purpose of this form is to enable parents/guardian of Minor Volunteers and Adult Volunteers to communicate and document a chaperone arrangement, and to provide an easy way for TSC to validate that policy is adhered to.

I, _____ (parent), hereby name, _____ (chaperone), to be chaperone for my minor child/children or ward(s) named below for the TSC event(s) named below:

Minor's Name	Allergies	Medical Conditions / Medications	Notes

Chaperone Agreement effective time period	TSC Event	Notes

I, _____ (chaperone), represent that I am an approved TSC Volunteer and accept responsibility to be chaperone for the minors named above for the TSC event(s) named above. As chaperone, I will i) abide by the TSC Conduct Risk Management Program, ii) maintain contact with the above-named minors, iii) be constantly aware of the above-named minors' whereabouts, iv) comply with, and ensure that the above-named minors comply with, any and all instructions directed to me by TSC leadership, v) use good judgment and communication to foster, and address threats to, the safety of the above-named minors.

Signature - Parent of above-named minors

Date

Home Phone:
Cell Phone:

Signature - Chaperone

Date

Home Phone:
Cell Phone: