

CHAPERONE DESIGNATION FORM

RETURN FORM TO OFFICE BY JULY 1ST

Please Print:

Youth Name _____ Date of Birth _____

Address _____

Activity/Event _____ Date(s) _____

Activity/Event Location(s) _____

Chaperone Designation:

Name of person responsible for child during designated activity/event: _____
(Please Print)

- Chaperones must have the authority to make decisions which reflect on the health and safety of the individual and the group. This would include disciplining, making recommendations for calling parents/guardians or to take youth home, and deciding appropriate time to leave events. (e.g. bad weather, driving conditions, etc.
- Chaperones must be at least 21 years of age.
- The use of tobacco in all forms is limited to designated areas only.
- While supervising 4-H members, chaperones need to refrain from the consumption of alcohol. There will be no consumption of alcohol during a 4-H activity or in 4-H designated areas.
- Chaperones must act in a mature manner recognizing they are role models for 4-H members.
- Chaperones should maximize the educational value of events for youth.
- Chaperones will exercise mature judgment and action to assure health and safety of participants.
- Chaperones must be available for those youth for whom they are in charge.

I understand my responsibilities as chaperone and agree to abide by the rules as outlined above.

Chaperone Signature: _____

Parental Permission:

1. I hereby give my child permission to fully participate (subject to the restrictions noted) in the Cornell Cooperative Extension activity on the date(s) and at the location(s) indicated above.
2. I permit the use of any photos, slides, films, or sketches of him/her taken during the activity for publicity, advertising, and promotion.
3. I understand that I will be notified in case of serious injury or illness. However, in the event that I cannot be reached, I hereby give permission for my child named above to be medically treated by a physician or medical facility as appropriate.
4. I fully understand and acknowledge that there are inherent risks and dangers in my child's participation in Animal Science activities and my child's participation in said activity and use of any equipment related to such activities may result in injury, illness or death and damage to personal property. I understand other participants, accidents, forces of nature or other causes may cause these risks and dangers and I hereby accept these risks and dangers.

Signature _____ Date _____

Parent or Guardian Signature