



Children of the Confederacy®

CHAPERONE RELEASE FORM

All members and guests age 18 and under who are not accompanied by a parent must complete the Chaperone and Medical Release forms and return both forms with this Registration Form.

My chaperone will be _____ . I hereby agree to allow _____ (name of chaperone) to serve as the chaperone for my child _____. The chaperone has my permission to act in any medical or disciplinary activities as necessary during the following _____, on the following dates _____.

(Parent's Signature)

(Date)

I hereby agree to be the chaperone of the individual, including travel to and from the following _____, on the following dates _____.

(Chaperone's Signature)

(Date)