



**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.***