

**USA Ultimate
Youth Chaperone Parent Consent
and Release Form**



I will chaperone for (*Name of Player*): _____

At (*Event Name*): _____

Applicant's Name: _____

Applicant's Home Address: _____

Street

Apt.#

City

State

Zip Code

Home Phone: (____) _____

E-mail: _____

I [*Name of Applicant*] _____, understand that I am responsible for the health and safety of my child during their participation at this USA Ultimate sanctioned event.

Date of Birth ____/____/____

I confirm that I am the parent or legal guardian of the player listed above.

Name (printed): _____ **Date:** _____

Signature: _____

All portions of this form must be completed or it will not be accepted – one form per parent chaperone.

Parent chaperone forms are valid for one calendar year, expiring on 12/31 of each year.

USA ULTIMATE

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