



2017 Indigenous Soccer Cup
A National Native Youth Leadership Conference

CHAPERONE REGISTRATION

All chaperones must be at least 18 years or older & fill out a NMYSA disclosure form go to www.nmysa.net, click on 'NMYSA Risk Disclosure Form' on right side of screen

CONTACT INFORMATION:

Name: _____
 Primary Phone: (____) _____ Alternate Phone: (____) _____
 Address: _____ City: _____
 State: _____ Zip Code: _____ E-mail: _____

EMERGENCY CONTACT INFORMATION:

Primary Contact:

Name: _____ Home Phone: (____) _____
 Work Phone: (____) _____ Alternate Phone: (____) _____

Secondary Contact:

_____ Home Phone: (____) _____
 Work Phone: (____) _____ Alternate Phone: (____) _____

Allergies: _____

Other medical conditions: _____

Physician: _____ Physician's Phone: (____) _____

Medical and/or Hospital Ins. Co: _____ Phone: (____) _____

(ATTACH PHOTOCOPY OF INSURANCE/MEDICAL CARD)

Policy Holder's Name: _____ Policy Number: _____

All chaperones must agree to accept and abide by the rules of the Indigenous Soccer Cup, as stated in the Indigenous Soccer Cup Code of Conduct

As an Indigenous Soccer Cup chaperone, I agree to assist with my designated team at all Indigenous Soccer Cup activities and all Indigenous Soccer Cup participants should always be accompanied by an adult.

We, at Southwest Youth Services, want to provide the best learning experience for our participants; therefore your role is to facilitate a safe, healthy learning environment.

I HEREBY AGREE TO ALL RESPONSIBILITIES THAT I AM GIVEN AT THE INDIGENOUS SOCCER CUP.

SIGNATURE

DATE