

CHAPERONE AGREEMENT – Twistars Gymnastics Club

Chaperones will be selected upon agreement of the following guidelines.

- Chaperone's family must be current in their financial Booster Club and Twistars, Inc obligations.
- Chaperone must have a valid credit card
- Chaperone must have a valid driver's license and automobile insurance
- Chaperone must have a cellular telephone. Phone number: _____
- Chaperone must agree to drive various types of rental cars/vans. (Including mini vans and 15 passenger vans)
- Chaperone agrees to abide by all rules and guidelines as set forth in the "Twistars Travel Guidelines."
- Chaperone acknowledges that a copy of the "Twistars Travel Guidelines" is available on the Twistars USA web-site.
- Chaperone agrees to a background check.

CHAPERONE RESPONSIBILITIES:

1. Must carry out the directives as established by the coaching staff. This means chaperones must carry out the schedule, the rules and policies in accordance with preparing their group to do their best, represent their gym, while establishing the very important message that honesty, integrity, rule following are important life lessons.
2. Communicate time/place boundaries and guidelines to gymnast and parents and enforce curfew and lights out as established by the coach.
3. Ensure wake-up times.
4. Assist the gymnasts in case of sickness or injury. In the event that a chaperone needs to accompany a gymnast to the hospital, the chaperone must ensure that another chaperone takes temporary charge of the group, or releases the sick or injured gymnast to the parents.
5. Keep all Emergency Medical Forms with them at all times.
6. Hold all tickets and/or gymnasts money as requested by gymnast or parent.
7. Pick up the check for the hotel before departure, if needed.
8. Must follow the nutritional rules and guidelines (fruits and veggies in the hotel room only).
9. If the chaperone fails to carryout his or her duties, he or she may be required to reimburse the gymnasts or repay the Booster Club for airfare and/or hotel costs.

I agree to the above guidelines and responsibilities.

Chaperone Signature

Date

Travel Chair

Date

MEET NAME: _____ LOCATION: _____ MEET DATES: _____