CHAPERONE RESPONSIBILITIES

Thank you very much for volunteering to be a junior team chaperone. As a chaperone you are assuming certain responsibilities for the welfare of the players under your care, custody and control. To assist you in knowing what your responsibilities are we have created this information sheet for you. Please read and discuss these responsibilities with the team coach or manager. If you understand and accept these responsibilities please sign and date the bottom of the form and return the form to the coach or manager.

As a Chaperone, I understand and take responsibility for the following:

1. Consent to and pass a USA Volleyball Background Screening and obtain the required SafeSport Trained certificate prior to chaperoning. The course is offered free of charge to USA Volleyball Members.

2. As an assigned driver transporting players to and from an event, I will obey all traffic laws and will not take any driving risks that will place the players or me in a harmful situation. All players as well as myself will wear seatbelts while in the automobile.

3. If using my personal automobile for transporting players, I understand that I am responsible for any accidents or injuries to my automobile, myself or to the players. I agree to have automobile liability insurance in the amount of $300,000 or more covering the automobile I will use to transport players. I agree not to transport more players than my automobile has seatbelts for.

4. I will have a meeting with the players I am chaperoning to discuss the following:

   a. Room accommodations - player responsibilities and conduct
   b. Curfew
   c. Check-in requirements with you if the players are going to leave the hotel.
   d. Review of departure times and team activity agenda times.
   e. Alcohol, tobacco and illegal drug restrictions.
   f. Team meals.

5. I will refrain from using alcoholic beverages while conducting my chaperone responsibilities. I will absolutely not drink and drive myself or any players while acting as a chaperone. If for any reason I feel impaired to chaperone, drive, or carry out any of my responsibilities I will personally contact the team coach or manager and advise him/her of my impairment.

6. I will do everything that is reasonable and prudent to insure the safety of myself and the players while performing any chaperone duties.

7. As a chaperone, I understand that I am working under the direction of the Club, Regional Volleyball Association, or USA Volleyball Association. Any *General Liability* insurance available to the Club, Regional Association or USA Volleyball Association (excluding auto insurance) is also made available to me while working on behalf of or at the direction of the Club, Regional Association or USA Volleyball. I understand that I may be personally responsible and liable for any of my actions that fall outside the scope of authority granted to me by the Club, Regional Association, or USA Volleyball.

_____ _____
Signature Date

_____
Printed Name