

JULIAN FAMILY FIDDLE CAMP
April 11 – 15, 2017

Chaperone Agreement Form*

* A separate form must be completed for each child for whom responsibility is assumed.

I, _____, hereby agree that, based on the following authorizing signatures of the referenced minor's parents, I am assuming full responsibility for the behavior and well being of the minor child or children named below, and that I will be available to make decisions pertaining to the well-being of _____, the minor child or children of _____ and _____, and will, for all practical, medical and legal purposes, serve as the aforementioned minor's guardian empowered by the parents to make decisions on behalf of said minor(s) while he/she/they attend(s) the Julian Family Fiddle Camp from April 11 – 15, 2017.

(signature of chaperone)

(date)

I request that in the event of an emergency JFFC attempt to contact me as soon as possible at _____ so that I may participate in decisions regarding my child/children, but understand that the designated chaperone may act in my behalf if I am unable to be reached or if time does not so permit.

(signature of parent)

(date)

(signature of parent)

(date)

When relevant, a Chaperone Agreement Form must be signed and sent as part of an applicant's registration packet to:

JULIAN FAMILY FIDDLE CAMP
P.O. Box 230734
Encinitas, CA 92023-0734

Phone: (760) 522-8458

info@familyfiddlecamp.com

Fax: (760) 652-5471