

CUPA Youth Chaperon and Release Form

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

Chaperone's Name: _____

Chaperone's Home Address: _____

Street Apt.# _____

City State Zip Code _____

Home Phone: (_____) _____

Cell Phone: _____

Email: _____

I [*Name of Applicant*] _____,
understand that I am responsible for obtaining Medical Authorization forms for each of
the minors on my team/that I am chaperoning and having them available at all Youth
Ultimate Cincinnati events.

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

Signature: _____