

# SECTION VI: Appendices

---

## Appendix III: Chaperone Form

*To be completed by the chaperone and turned in with the rally entry for USPC members below the age of majority.*

### Chaperone duties shall include:

1. The primary function of the “Official Team Chaperone” is to ensure that there is a contact person for every USPC member below the age of majority, on the grounds for the duration of the competition.
2. While multiple Chaperone Forms may be turned in for a single team, only one person will be designated the Official Team Chaperone. If the Official Team Chaperone must leave the grounds during the competition, they must delegate the team chaperone duties to another responsible adult, making it clear that they are to respond to rally officials and any team members in your absence.
3. Be present and available to rally officials and all team members for the duration of the competition.
4. Being in contact with parents/guardians for all team members during competition hours.
5. Being in contact with all team members and their parents/ guardians outside of competition hours.
6. Have copy of and be familiar with the current discipline rulebook and the current Horse Management Handbook. Rulebooks available for download from [www.ponyclub.org](http://www.ponyclub.org).
7. Be aware that USPC members are required to wear a current, up to date USPC medical card/bracelet on their arm at all USPC activities.
8. Be familiar with the effects of heat and humidity and the potential risk for heat related illness. Take an active role in helping to keep all team members well hydrated and take every opportunity to encourage water breaks.
9. Uphold USPC Substances and Weapons Policy which prohibits the inappropriate or illegal use of any substance, including but not limited to drugs or alcohol, by anyone participating in any manner. Weapons of any kind are forbidden. Refer to About/About the Organization/By-Laws, Policies and Resolutions on [www.ponyclub.org](http://www.ponyclub.org) for the full policy statement.
10. Remember that administration of medications is the sole responsibility of the parent/guardian.

I have read and understand the duties of a chaperone as listed above.

Chaperone for the following team or individual(s)

---

---

---

Name of Chaperone: \_\_\_\_\_

Signature: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_