



REGISTRATION FORM FOR CHAPERONES AND LAY COACHES

Check One: _____ Chaperone (overnight trip) _____ Lay Coach*

*If registering for Lay Coach, which sport(s): _____

School Name: _____ Date: _____

Applicant Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home/Cell Phone: _____ Work Phone: _____ Email: _____

Emergency Contact Name: _____

Relationship: _____ Phone: _____

Have you ever completed a background check or been fingerprinted? _____ If yes, what year? _____

Do you have children attending SCCS? _____ If yes, please provide names and information below:

Student Name: _____ Grade: _____ Teacher Name: _____

Student Name: _____ Grade: _____ Teacher Name: _____

Student Name: _____ Grade: _____ Teacher Name: _____

For additional children or information, use the back of the form.

By signing below, I agree to act according to all district policies, regulations, and school rules, including, but not limited to, all sign-in and identification procedures and confidentiality and safety guidelines. I understand that I chaperone or coach under the direction and supervision of the teachers, coaches, and principal.

Signature

Date