

NSC Chaperone Policy

Requirements for adult chaperone

- An adult chaperone shall be an NSC coach or parent or guardian of an NSC member, over the age of 21.
- An adult chaperone can accompany no more than 3 athletes under the age of 18. Any additional athletes will require an additional chaperone.
- Each adult chaperone must have an “alternate” chaperone in case the primary chaperone becomes unavailable
- Where possible, either the chaperone or the alternate chaperone shall be of the same sex as the athlete.
- Chaperones are required to complete one registration for their entire group, which will include themselves and up to 3 athletes under the age of 18. The form will prompt the chaperone to list the contact information, as well as an emergency contact person, for each athlete.

Role of the adult chaperone

Prior to the event:

- Collect printed, signed copies of all required paperwork for each athlete

During the event:

- Accompany athletes during travel to and from the venue
- Supervise athletes throughout the entirety of the event
- Serve as the contact person on behalf of the athletes throughout the entirety of the event
- Adhere to all other responsibilities outlined in the Athlete Chaperone Agreement

What paperwork is the chaperone required to bring to the event?

- Athlete Chaperone Agreement signed by parent/legal guardian, chaperone and alternate chaperone.
- Athlete Medical and Emergency Form; to be signed by a parent/legal guardian of each athlete participant under the age of 18

Costs

Chaperones are appointed on a voluntary or paid basis, depending on the circumstances. A chaperone may be required to pay for things like groceries, accommodation or petrol. In this case, all receipts must be retained for reimbursement upon return.

Athlete Chaperone Agreement

The Athlete Chaperone Agreement is to make sure that everyone can take part, have fun, be safe and enjoy their experience with NSC. This participation agreement has been developed and is supported by these key principles:

- An ethical approach: transparency, honesty and accountability
- Adults involved with NSC follow ethical and participatory practice and put athlete's best interests first.
- An Athlete Friendly Environment Athlete experience a safe, welcoming and encouraging environment that enables participation.
- Participation promotes the Safety and Protection of the Athlete.

Your role as a chaperone

You have been selected as accompanying adult for NSC.

Parents/guardians for each athlete must sign the waiver authorizing this person to act as chaperone during the event.

Chaperones have primary responsibility for the safety and welfare of the athlete participants in their care (participants).

The way in which chaperones supervise the participants should reflect the athletes' age and maturity. Chaperones should remain on the same premises as the participants throughout the event.

Responsibilities include:

1. Supporting the participants during travel to and from the NSC event.
2. Ensuring participants have emergency phone numbers on them at all times during travel as well as instructions on who and how to call in case of an emergency.
3. Being aware of athlete participants' physical and emotional needs and assist in meeting those needs as appropriate.
4. Keeping NSC coaches and committee members informed of any difficulties that their participants might be experiencing and working with them to address any issues that arise.
5. Giving athlete participants any other physical and emotional support that they might need. The chaperone should keep copies of the participant's health and medical, travel and consent forms with them at all times.
6. Supporting athlete participants to take the best possible advantage of the opportunities available.

Child Protection Best Practices

Chaperones are expected to adhere to and promote the child protection best practices. All athletes have the right:

- To have their health, safety and well-being, and their best interests considered as the top priority.
- To have their welfare and development promoted and safeguarded so that they can achieve their full potential.
- To be valued, respected and understood within the context of their own culture, religion and ethnicity, and to have their needs identified and met within this context and within the context of their family wherever possible.

- To be listened to and to have their views given careful consideration, and to be encouraged and helped to participate in decisions which affect them.

Duty of Care

In addition to the general values of good practice in working with athletes, chaperones have the responsibility and legal duty to ensure their athlete participants' safety while they are away from home. The chaperone is responsible for minimizing the risk of athlete participants being harmed by promoting good practice and by identifying and managing potential risks. Any child protection concerns/complaints should be reported to the NSC coach or committee representative at the event, who will handle them in strictest confidence.

Code of Ethics

In general it is inappropriate for the chaperone to:

- Spend excessive time alone with any athlete participants, away from other people
- Take athlete participants to places where they will be alone together.

The chaperone must never:

- Hit or otherwise physically assault or physically abuse athlete participants
- Develop physical/sexual relationships with athlete participants
- Develop relationships with athlete participants which could in any way be seen as exploitative or abusive
- Act in ways that may be abusive or may place athlete participants at risk of abuse
- Use language, make suggestions or offer advice which is inappropriate, offensive or abusive
- Permit, or participate in, behavior of athlete that is illegal, unsafe and abusive
- Act in ways meant to shame, humiliate, belittle or degrade athlete participants, or otherwise commit any form of emotional abuse
- Chaperones must avoid actions or behavior that could be seen as poor practice or potentially abusive

Emergency Situations

In the event of any emergency situation, parents/guardians of the athlete participants will be contacted immediately. In addition, contact will be made with any relevant authority to inform them, and where relevant, to negotiate the safe return home of the participant.

Medical Emergency

In the event of a medical emergency immediate medical help will be sought. The safety of all children is paramount and all necessary action will be taken to ensure this. Chaperones are asked to keep copies of the Consent Forms for their athlete participants on them at all times.

Child Protection



In the event of significant harm, or the risk of significant harm to any athlete protective procedures developed for the meeting will be followed; contact will be made with local authorities.

Statement of Agreement for chaperone

I have read, understood and agree to all points mentioned under the role of the chaperone.

Name of chaperone: _____

Date: _____

Signature of chaperone: _____

Statement of Agreement for alternate chaperone

I have read, understood and agree to all points mentioned under the role of the chaperone.

Name of alternate: _____

Date: _____

Signature of alternate chaperone: _____

Athlete Waiver & Parent/Guardian Consent

For Participants Under 18

I, _____, the undersigned, hereby warrant that I am

the parent/guardian of _____, an athlete, age _____, ("My Child")

and hereby give permission for him/her to participate in the NSC event on ____/____/____(date).



I authorize my child to travel with _____ who will act as responsible adult chaperone for my child.

In the event of him/her not being available, I authorize _____ to act as my child's alternate chaperone.

During the time of the event, if there is a medical emergency, I also authorize medical treatment for my child.

I understand that I will be responsible for all costs related to my child, including any unexpected costs that may arise while being chaperoned.

I understand that I am hereby waiving, releasing, and forever discharging NSC, its coaches, committee members, sponsors, affiliates, representatives, and volunteers, (each an "Indemnified Party") from and against any and all claims, cost, liabilities, damages, obligations, expense, losses, or judgments, including legal fees and court costs (herein collectively "Claims") arising out of or by reason of any activities relating to the NSC Event or his/her participation in the NSC Event, including without limitation, any illness or injury (including death) of him/her, even if any such Claim may arise out of negligence or carelessness on the part of any Indemnified Party.

I have read and agree to the above on this date:

Date: _____

Signature of Parent/Guardian: _____

Print Name of Parent/Guardian: _____

Address: _____

Phone Number: _____

E-mail: _____



Athlete Medical and Emergency Form

For Travel to NSC Event _____ (date) ____/____/____

Please provide the following information as it appears on the athlete's travel documents.

Athlete Contact Information

Last Name:	
First Name:	
Address:	
Mobile Number:	
Email:	
Date of Birth:	
Gender:	

Emergency Contact One

Last Name:	
First Name:	
Relationship:	
Primary Phone Number:	
Secondary Phone Number:	
Email:	

Emergency Contact Two

Last Name:	
First Name:	
Relationship:	
Primary Phone Number:	
Secondary Phone Number:	
Email:	

Medical Information:

Athletes Doctor:	
Healthcare Provider	
Phone Number:	
Nationality	
Entitled to Public healthcare? Yes / No?	
Insurance Information (If applicable)	

Health Conditions:

Any Health conditions? Please list.	
List all allergies to food, medication, and/or environmental: Please detail the reaction and requirements e.g. EpiPen etc.	
List any medical condition, serious injuries and/or surgeries and recommended treatment that we should be aware of in case of an emergency:	
List any medications taken or treatments done at home (if not already listed):	
Please list any dietary, physical, or other special needs we should take into account.	



The information on this form may be shared confidentially with event organizers and emergency responders as needed. In the event of a medical emergency with my child, I understand every effort will be made to inform me. If emergency care is needed, I authorize qualified professionals to provide assessment, diagnosis and any necessary emergency treatment. I understand that event organizers assume no financial liability for expenses incurred due to accident, injury and/or unforeseen circumstance.

Parent/Guardian Signature: _____

Printed Name: _____