



**ARIZONA INDIAN EDUCATION ASSOCIATION / THE UNIVERSITY OF ARIZONA®
2008 AMERICAN INDIAN YOUTH CONFERENCE**

“Strengthening Culture & Education to Empower Our Youth”

NOVEMBER 20 - 21, 2008

THE UNIVERSITY OF ARIZONA - TUCSON, AZ

CHAPERONE FORM

Group Chaperones may only fill out one agreement and include with group registration

Chaperones must work to ensure and make youth aware that:

1. All registration forms and emergency information for each student has been completed and returned to participate in the AIEA 2008 American Indian Youth Conference (AIYC).
2. All school district/program policies are followed and that prior approval to participate in the 2008 AIYC has been approved by respective authorities.
3. All youth attending the conference understand and abide by the Youth Guidelines and Agreement.
4. Consistent contact with youth participants will be maintained throughout the conference to ensure students are attending scheduled 2008 AIYC workshops, activities and meals.
5. Youth will work with me to designate their workshops during the conference and will be prompted to all scheduled meals and activities before me, as chaperone commit to 2008 AIYC activities or meals provided.
6. In the event that I am called away from the conference or have to leave due to an illness or other unforeseen circumstances, I have made pre-arrangements for another representative from my school, district, or program to assume the duties of lead chaperone for my assigned students.
7. I understand that others attending the conference will monitor my work as chaperone. I will do my best to help ensure the success of the conference by doing my part as chaperone.

District/School/Program Affiliation (if applicable): _____

By signing the agreement, I will uphold the standards set forth in this agreement and take responsibility for the youth assigned to me.

Lead Chaperone Name (Print): _____

Relationship: _____

Signature/Date: _____ **Phone:** _____

Additional Group Chaperones:

Name (Print): _____ **Phone:** _____

Name (Print): _____ **Phone:** _____

Special Needs Request _____

One or more members of my group have a disability or special needs and will need special accommodations. (Depending on disability or receipt or application, AIYC may not be able to fulfill all requests.)

RETURN FORM TO: AIEA, P.O. Box 13402, Phoenix, AZ 85002

www.AIEACORP.org

For Registration information contact Kathy Savala: Phone: (602) 257-4051 – Fax: (602) 257-2837