

**ADULT CHAPERONE  
REGISTRATION**

CHAPERONE NAME: \_\_\_\_\_

TEE SHIRT SIZE: \_\_\_\_\_

CELL NUMBER: \_\_\_\_\_

PARISH/SCHOOL: \_\_\_\_\_

MEDICAL INFORMATION (ALLERGIES, MEDICAL CONDITIONS,  
ETC.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THE FOLLOWING CLEARANCES MUST BE ON FILE AT ST.  
JOHN THE EVANGELIST PARISH:**

- PART I – SAFE ENVIRONMENT DOCUMENTATION**
- PART II – ONLINE MANDATED REPORTER CERTIFICATION**
- PA DISCLOSURE FORM OR FBI CLEARANCES**
- MANDATED REPORTER ACKNOWLEDGEMENT**
- PA CRIMINAL CLEARANCE**
- PA CHILD ABUSE CLEARANCE**

***REGISTRATION FEE OF \$20 IS REQUIRED FOR ALL  
ADULT CHAPERONES.***