

**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**
- MANDATED REPORTER ACKNOWLEDGEMENT**
- PA CRIMINAL CLEARANCE**
- PA CHILD ABUSE CLEARANCE**