GROUP CHAPERONE 2020 REPLY FORM

CMEA member educators or administrators are needed as group chaperones for the 2020 CMEA All-State Ensembles. If you would be willing to serve as an overnight chaperone, please read the Chaperone Agreement below, complete this form, scan and email by **March 13th, 2020** to:

**Head Chaperone: Jennifer Crooks at allstatechaperone@gmail.com**

Each group chaperone will be responsible for approximately 30 students. CMEA will provide accommodations, meals and conference admission for your service.

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**Chaperone Agreement** Please print in ink or type.

Name___________________________________________

NAfME ID# ______________________

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School __________________________________________________________________________

Preferred E-Mail_____________________________________________________

Cell (____)_______________________

Principal Signature: _________________________________________________

Ensemble preference:   __ Jazz   __ Mixed Choir __ Treble Choir __ Band   __ Orchestra

If selected to be a chaperone for the 2020 CMEA All-State Music Festival, I agree to the following:

1. Attend all chaperone meetings beginning with the initial meeting on **Thursday, April 2, 2020 at 7:30am**.
2. Assist with on-site registration (8:00 am Thursday, April 2, 2020) and student check out (Saturday, April 4, 2020).
3. Follow the duties schedule throughout the festival as assigned during the first meeting.
4. Escort and supervise students to and from rehearsals, meal functions, scheduled activities, and medical facilities as necessary.
5. Enforce the curfew and ensure that all students are in their assigned rooms every night.
6. Serve as hall monitor on student floors between evening curfew and breakfast if needed.
7. Review the **Student Code of Conduct** and enforce with students.
8. Model appropriate behavior and display moral and ethical conduct at all times.
9. Encourage students to take safety precautions to avoid unnecessary problems.
10. Inform the group Chaperone Manager of the need for disciplinary action for any student.
11. Stay informed of assigned students’ medical concerns.
12. Assist Chaperone Managers and Ensemble Chairs as needed.

_I understand that I must be a current CMEA member at least 21 years of age and that serving as a chaperone is strictly voluntary. If I am selected, I will accept the duties as assigned._

Signature ______________________________________________ Date ____________

If you have questions, please contact: **Head Chaperone: Jennifer Crooks at allstatechaperone@gmail.com**