|  |  |
| --- | --- |
| **SREEC Use only** | |
| **SREEC Teacher**: Choose an item. | **Group**: Choose an item. |

**Group List**

|  |  |
| --- | --- |
|  | |
| **Date of Camp Starting:** Enter a Start date. | **School Name:** |
| **Date of Camp Ending:** Enter an End date. | **Group Number:** Choose an item. |

|  |  |
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|  | |
|  | **Name** | | **Activity Consent** | **Swim**  **Ability** | **Health Management** | **Dietary Requirements** | **Information** (anything important that we need to know about) |
| 1 |  | |  | ^ |  |  |  |
| 2 |  | |  | ^ |  |  |  |
| 3 |  | |  | ^ |  |  |  |
| 4 |  | |  | ^ |  |  |  |
| 5 |  | |  | ^ |  |  |  |
| 6 |  | |  | ^ |  |  |  |
| 7 |  | |  | ^ |  |  |  |
| 8 |  | |  | ^ |  |  |  |
| 9 |  | |  | ^ |  |  |  |
| 10 |  | |  | ^ |  |  |  |
| 11 |  | |  | ^ |  |  |  |
| 12 |  | |  | ^ |  |  |  |
| 13 |  | |  | ^ |  |  |  |
| 14 |  | |  | ^ |  |  |  |
|  | |
| **Assisting Adult Names** | | | **Activity Consent** | **Swim**  **Ability** | **Health Management** | **Dietary Requirements** | **Information** (anything important that we need to know about) |
| 1 |  | |  | ^ |  |  |  |