|  |
| --- |
| **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. |

|  |
| --- |
|  |
|  | **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 |  |[ ]  ^ |[ ] [ ]   |