

Group Leader Information Sheet

Camper Name: _____ Grade in Fall: _____

T-Shirt Color: _____

Parent/Guardian Contact Daytime Contact Numbers: List the numbers where you can be reached during camp:

Please circle the correct answer:

Child will be brought to camp by:

Adult (NOT staying for Camp)

Adult (staying for Camp)

Sibling

On Bus

Which bus? _____

Child will be picked up by:

Adult (NOT staying for Camp)

Adult (staying for Camp)

Sibling

On Bus

Which bus? _____

Designated adults to pick up your child:

Name

TX DL #:

Please describe the container your child's swimsuit and towel will be in:

Does your child have any food allergies? No Yes => If yes, please list:

If necessary, how can we best encourage your child to participate in Camp activities?

Is there anything about your child the group leader/adult volunteers should know?
