



Group or Troop Attendee Roster

Please complete this form and provide to camp staff upon arrival and check-in.

RESERVATION INFORMATION

Reserved Property: _____
 Date of Arrival: _____ Date of Departure: _____

PRIMARY CONTACT

First Name: _____ Last Name: _____
 Cell Phone: _____ Email: _____

EMERGENCY CONTACT

First Name: _____ Last Name: _____
 Cell Phone: _____ Email: _____

ADULT PARTICIPANT ROSTER

Totals: Adult Females _____ Adult Males _____

	ADULT FULL NAME	ADDRESS	GENDER
1			<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Decline
2			<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Decline
3			<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Decline
4			<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Decline
5			<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Decline
6			<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Decline
7			<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Decline
8			<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Decline
9			<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Decline
10			<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Decline
11			<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Decline
12			<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Decline
13			<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Decline
14			<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Decline
15			<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Decline
16			<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Decline
17			<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Decline
18			<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Decline
19			<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Decline

YOUTH PARTICIPANT ROSTER

Totals: Youth Ages 0-5 _____ Youth Ages 6-8 _____ Youth Ages 9-14 _____ Youth Ages 15-18 _____

NOTE: For minors without a parent/caregiver on site, use the “Consent to Treat” column to initial/sign for emergency treatment, if needed. Print additional pages if more space is needed.

YOUTH FULL NAME	ADDRESS	GENDER	CONSENT TO TREAT
1		<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Decline	
2		<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Decline	
3		<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Decline	
4		<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Decline	
5		<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Decline	
6		<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Decline	
7		<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Decline	
8		<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Decline	
9		<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Decline	
10		<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Decline	
11		<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Decline	
12		<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Decline	
13		<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Decline	
14		<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Decline	
15		<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Decline	
16		<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Decline	
17		<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Decline	
18		<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Decline	
19		<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Decline	
20		<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Decline	
21		<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Decline	
22		<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Decline	
23		<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Decline	
24		<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Decline	

ALLERGIES AND HEALTH CONDITIONS

Please list below the names of participants with known allergies and/or health conditions which may require treatment, restriction, and/or accommodation while on site.