

# Group or Troop Attendee Roster

Please complete this form and provide to a Spirit of Nebraska camp staff member upon arrival and check-in.

## RESERVATION INFORMATION

Reserved Property: \_\_\_\_\_

Date of Arrival: \_\_\_\_\_ Date of Departure: \_\_\_\_\_

## PRIMARY CONTACT

Full Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## EMERGENCY CONTACT

Full Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## ADULT PARTICIPANT ROSTER

Total Adult Females: \_\_\_\_\_

Adult Males: \_\_\_\_\_

ADULT FULL NAME	ADDRESS	GENDER
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		

## YOUTH PARTICIPANT ROSTER

Total 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			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			

## 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.

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