



**Leader Information
PLEASE COMPLETE
AND RETURN**

Group Summary of Participants

Please complete this form to provide a summary of gathered information. A CYO Camp participant form is enclosed. The participant form is optional unless your group is using our High Ropes course. Please use the reverse side of this sheet if you need additional space.

Group Name: _____ Group Leader: _____

Contact Information for Group Leader:

phone: _____ e-mail _____

Support Needs (i.e. physical/mobility, behavioral, cognitive, emotional and/or needs related to a disability or specific diagnosis. Program/staffing adaptations can be made.)

Participant _____ Need _____

Please initial here _____ if you would like a staff member to contact you about supporting the above participants.

Special Dietary Needs (i.e. vegetarian, kosher, allergies, etc.)

Participant _____ Need _____

Activity Restrictions for CYO Programmed/Led Groups (high ropes, climbing wall, running activities, etc.)

Participant _____ Restriction _____

Photo/Video Release (persons listed in this area are requesting to opt out of photos/videos taken at camp)

Participant _____ Participant _____

Thank you!