

# Program for Minors Information Forms



Submit completed form to Risk Management Services no less than three months prior to the start date of the camp. This form can be delivered to RMS at 700 North Texas Blvd, or faxed to (940) 565-4919.

PERSON COMPLETING THIS FORM: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

NAME OF PROGRAM: \_\_\_\_\_

MAIN LOCATION OF PROGRAM: \_\_\_\_\_

### CONTACT INFORMATION FOR PROGRAM DIRECTOR:

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Mobile phone: (\_\_\_\_) \_\_\_\_\_

### CONTACT INFORMATION FOR SECONDARY PERSON:

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Mobile phone: (\_\_\_\_) \_\_\_\_\_

### PROGRAM DATE(S)

Include beginning date and end dates for each program. Attach additional sheets if necessary. If the information provided in this form does not apply to all sessions, complete a separate *Information Form* for each session.

Session 1 \_\_\_\_\_ Session 2 \_\_\_\_\_ Session 3 \_\_\_\_\_ Session 4 \_\_\_\_\_

### APPROXIMATE NUMBER OF PARTICIPANTS PER SESSION:

Session 1 \_\_\_\_\_ Session 2 \_\_\_\_\_ Session 3 \_\_\_\_\_ Session 4 \_\_\_\_\_

### AGES OF CAMP PARTICIPANTS:

Session 1 \_\_\_\_\_ Session 2 \_\_\_\_\_ Session 3 \_\_\_\_\_ Session 4 \_\_\_\_\_

### APPROXIMATE NUMBER OF CAMP STAFF:

Session 1 \_\_\_\_\_ Session 2 \_\_\_\_\_ Session 3 \_\_\_\_\_ Session 4 \_\_\_\_\_

### INDICATE WHETHER THIS PROGRAM IS [check one]:

\_\_\_\_\_ Day only  
\_\_\_\_\_ Overnight

### CONTACT INFORMATION FOR THE PROGRAM HEALTH OFFICER:

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Completing Forms

\_\_\_\_\_  
Date