



CHECKLIST FOR TEACHERS/GROUP LEADERS

School Group Name: _____

Date: _____

Organizer: _____

**Please mark off submitted forms with an 'x' in the appropriate column beside student names.*

**Behaviour/Learning Needs, Dietary/Allergy Requirements, Equipment rental requirements - please note any key information will enable us to work well with your students.*

**Please write 'chaperone' beside the names of any chaperones.*

#	Student Name	Gender	Reg Form	Med Form	Waiver (signed by both parent & student)	Behavioural/Learning, Dietary/Allergy, Equipment rental required:
1						
2						
3						
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12						
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14						
15						
16						



School Group Name: _____

#	Student Name	Gender	Reg Form	Med Form	Waiver (signed by both parent & student)	Behavioural/Learning, Dietary/Allergy, Equipment rental required:
17						
18						
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School Group Name: _____

#	Student Name	Gender	Reg Form	Med Form	Waiver (signed by both parent & student)	Behavioural/Learning, Dietary/Allergy, Equipment rental required:
35						
36						
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