

Submit completed form to Risk Management no less than three weeks prior to the start date of the camp. This form should be delivered to 7400 University Hills Blvd, Founders Hall, Room 135G, Dallas, Texas 75241, or emailed to AskRiskManagement@untdallas.edu.

Camp Information:

PERSON COMPLETING THIS FORM: _____ PHONE: (____) _____

NAME OF YOUTH CAMP: _____

MAIN LOCATION OF YOUTH CAMP: _____

Camp Director Information:

Name: _____ Department: _____

Email: _____ Phone: (____) _____ Mobile phone: (____) _____

Secondary Person Information:

Name: _____ Department: _____

Email: _____ Phone: (____) _____ Mobile phone: (____) _____

Session Information:

CAMP DATE(S)

Include beginning date and end dates for each camp session. Attach additional sheets if necessary. If the information provided in this form does not apply to all sessions, complete a separate *Youth Camp 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 CAMP IS [check one]:

- Day Camp only
- Overnight Camp

CONTACT INFORMATION FOR THE CAMP HEALTH OFFICER:

Name: _____ Phone: (____) _____

Signature

Date