

## Group Master List (Large)

**INSTRUCTIONS:** Please populate this list with students' names (in ABC order). Use the three right-hand columns to track appropriate forms. Please feel free to add rows to accommodate your groups' size.

| Your Group's Name: |                              |                             | Program Date:       |                                |
|--------------------|------------------------------|-----------------------------|---------------------|--------------------------------|
|                    | Student Names<br>(abc order) | Health Form<br>(completed?) | Waiver<br>(signed?) | Attendance<br>(day of program) |
| 1.                 |                              |                             |                     |                                |
| 2.                 |                              |                             |                     |                                |
| 3.                 |                              |                             |                     |                                |
| 4.                 |                              |                             |                     |                                |
| 5.                 |                              |                             |                     |                                |
| 6.                 |                              |                             |                     |                                |
| 7.                 |                              |                             |                     |                                |
| 8.                 |                              |                             |                     |                                |
| 9.                 |                              |                             |                     |                                |
| 10.                |                              |                             |                     |                                |
| 11.                |                              |                             |                     |                                |
| 12.                |                              |                             |                     |                                |
| 13.                |                              |                             |                     |                                |
| 14.                |                              |                             |                     |                                |
| 15.                |                              |                             |                     |                                |
| 16.                |                              |                             |                     |                                |
| 17.                |                              |                             |                     |                                |
| 18.                |                              |                             |                     |                                |
| 19.                |                              |                             |                     |                                |
| 20.                |                              |                             |                     |                                |
| 21.                |                              |                             |                     |                                |
| 22.                |                              |                             |                     |                                |
| 23.                |                              |                             |                     |                                |
| 24.                |                              |                             |                     |                                |
| 25.                |                              |                             |                     |                                |
|                    | Adult Names                  | Health Form                 | Waiver              | Attendance                     |
| 1.                 |                              | NA                          |                     |                                |
| 2.                 |                              | NA                          |                     |                                |
| 3.                 |                              | NA                          |                     |                                |
| 4.                 |                              | NA                          |                     |                                |
| 5.                 |                              | NA                          |                     |                                |