

CAMP MANSFIELD 2026

Information provided will be kept on-site and is a hard copy backup to what is provided upon registration.
It is an additional safety check for our participants.



Parks & Recreation

Child's Name (Please Print) _____

Parents/Guardians Name _____

Home Phone# _____ Cell Phone# _____

Work Phone# _____

Emergency Contact Name _____

Emergency Contact Phone # _____

CHILD PICKUP AUTHORIZATION

The listed people are authorized to pick up my child from the Camp Mansfield Summer Program. I understand that staff may ask for identification if they are not certain of the person who is picking up my child. Furthermore, I realize that I may update this form at any time, but if a name does not appear on this form my child will not be allowed to leave with the unauthorized person.

Parent/Guardian
Signature _____ Date _____

People authorized to pick up my child from After School Program

(Use back side of form if needed to list any other names)

Name	Relationship	Phone

Health and/or Miscellaneous Information

Describe any special restrictions and/or considerations for your child.

Mansfield Parks and Recreation Department

Camp Mansfield and Specialty Camp Special Assistance Form

Grade Entering, Fall 2026

Camp/Session Requested

To be completed by camper's Parent or Guardian—please give us as much detail as possible to help your child have the best camp experience possible. Thank you.

Name: _____ Phone _____

Address: _____ Age _____

Primary need for support/special assistance: _____

Primary medical diagnosis/disability (i.e. Downs Syndrome, ADD): _____

Secondary medical diagnosis/disability (if any): _____

Skills Checklist

Self-Help Skills

		Independent	Needs Verbal Reminder or Direction	Needs Physical Assistance
1	Uses toilet appropriately			
2	Asks to go to the toilet			
3	Washes hands and face			
4	Eats lunch without difficulty			
5	Dresses self			
8	Walks independently			

Comments/suggestions to your child's counselor concerning how to best support your child:

Communication

		Usually	Sometimes	Never
1	Engages in verbal conversation			
2	Expresses self by sign language			
3	Uses understandable speech			
4	Recognizes name when called			
6	Follows one-step directions			
7	Follows two or more step directions			

Comments/suggestions to your child's counselor concerning how to best support your child:

Social Behavior

		Usually	Sometimes	Never
1	Feels secure in new situations w/reassurance			
2	Responds to directions from known authority figure			
3	Has reasonable control of feelings—appropriately verbalize/signs feelings			
4	Able to tolerate various group activity situations			
5	Shouts or becomes angry in peer interactions			
6	Responds and follows directions in groups situation			
7	Interacts/plays safely with peers			
9	Displays aggressive behavior when angry, upset, frustrated			
10	Destroys Property			

Comments/suggestions to your child's counselor concerning how to best support the camper with socialization (i.e. reinforcements, intervention, behavior plan).

Recreation Interests

	Likes	Dislikes	Never Tried
Canoeing			
Swimming			
Arts & Crafts			
Sports:			
Soccer			
Basketball			
Kickball			
Baseball			
Frisbee			
Tennis			
Group Games			
Drama			
Nature Activities			
Hiking/Walks			
Quiet Games			
Archery			
Music			

Please list any additional recreational hobbies or interests or other information helpful to your child's counselor:

The above information is correct so far as I know at date of completion

Signature of Person Completing Form

Date

Printed name of signature above

Relationship to camper