

Department of Parks and Recreation  
Behavior Agreement Form



Name of Participant: \_\_\_\_\_ Program: \_\_\_\_\_ Date: \_\_\_\_\_

Why we like having you at \_\_\_\_\_ :  
NAME OF PROGRAM

What do you like about \_\_\_\_\_? (Ask participant)  
NAME OF PROGRAM

During this program you are expected to demonstrate the following behaviors: BE SPECIFIC

In order to help you meet these expectations, Staff will:

(Ask participant if they think this will help them)

When you meet these expectations, you will:

If you don't meet these expectations, you will:

Special request for parents:

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Staff Signature