

# INTERNAL PROGRAM WITH MINORS Registration/Approval Form

Name of Program: \_\_\_\_\_ Program Administrator Name: \_\_\_\_\_

Please check whether the program is:      **ONGOING**      **ONE TIME OCCURANCE**

Program Description:

**Program Date(s) and Location(s):**

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Location:      *On Campus*      *Off Campus*

*If on campus, which of the following will be used?*

*Outdoor fields                      Croy Pool*

*Croy Gym                              Student Recreation Center*

*Koehler FRC/MAC                  Classrooms*

*If off campus, where will the activities take place?*

**Number of Participants by Age Group:**

\_\_\_\_\_ 6 Months – 5 Years

\_\_\_\_\_ 6 Years – 8 Years

\_\_\_\_\_ 9 Years – 14 Years

\_\_\_\_\_ 15 Years – 17 Years

**Describe Minor's Activities in Program:**

**Overnight Stay?**      Yes      No

**Transportation Provided by UF?**      Yes      No

**Please attach any administrative requirements (e.g., waiver, permission slip, emergency medical, etc.)**

UF Department: \_\_\_\_\_

Program Administrator: \_\_\_\_\_ Cabinet Member/Dean: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

Please send the completed and signed form to the attention of the Office of Facilities, Scheduling & Events at least sixty (60) days prior to the first scheduled date of participation by minors. Copies will be on file for University of Findlay Police Department & the Office of Equity & Title IX.