

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 Campus Police Department & the Office for Civil Rights. Revised 7 2025.