

Appendix E – Registration of Internal Regis Programs and Activities Involving Minors Form

Program Name: _____

Department Name: _____

University Sponsoring Unit: _____

Department Head Name: _____

Office Extension: ____ Email Address: _____

Description of Activity/Program and Minors' Participation:

Dates of Activity/Program: _____

Age Range of Minors Participating:

Will Minors Stay Overnight? _____ Yes _____ No

Estimated Number of Minors Participating: _

Position Title of Those Who Will Supervise or Accompany Minors: _

Ratio of Supervisors to Minors:

Signatures:

Department Head: _____

Vice President/Dean: _____

Please send the completed and send the form to the Auxiliary and Business Services (Risk Management) at least thirty (30) days prior to the first scheduled date of participation by minors.