

UNIVERSITY *of* INDIANAPOLIS

This Document Applies to All University Programs Involving Minors Programs with Minors Campus Registration Form

Under the Minors on Campus Policy, all Sponsoring Units of University of Indianapolis Programs involving minors must complete this Registration Form and Submit to the Office of Risk Management no later than 30 days prior to the start of the Program. Please contact the Office of Risk Management with questions at risk@uindy.edu.

Program Information:

1. Name of Program
2. Brief Description of Program

3. External Entity Partnered with UIndy
4. Days/Dates/Times/Activities
Begins:
Ends:
5. Locations of Program
6. Estimated Number of Minors
Ages 6 to 8 Years: _____
Ages 9 to 14 Years: _____
Ages 15 to 17 Years: _____
7. Does the Program require overnight housing of minors Yes ___ No ___
8. Does Program require use of Laboratories Yes ___ No ___

Anticipated Authorized Adults:

All faculty, staff, students, and volunteers participating in the program are required to comply with University of Indianapolis policy and procedures as outlined in the Minors on Campus Policy.

Name: _____ Faculty? ___ Staff? ___ Volunteer? ___

Email: _____

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Email: _____

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Email: _____

Name: _____ Faculty? _____ Staff? _____ Volunteer? _____

Email: _____

Name: _____ Faculty? _____ Staff? _____ Volunteer? _____

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Name: _____ Faculty? _____ Staff? _____ Volunteer? _____

Email: _____

Name: _____ Faculty? _____ Staff? _____ Volunteer? _____

Email: _____

Name: _____ Faculty? _____ Staff? _____ Volunteer? _____

Email: _____

Program Administrator (Primary Contact)

1. First Name
2. Last Name
3. Title
4. Department
5. E-mail
6. Office Phone
7. Cell Phone

As Program Administrator in the sponsoring unit, I certify the following:

____ I, as Program Administer, will ensure that all Program Staff and participants comply with University Policy and procedures as outlined in the Minors on Campus Policy.

Name

Date