

## Policy on Minors Program/Activity Registration Form

**This form must be scanned and uploaded through the minors on campus program request process when registering your event. Failure to submit this form with registration will result in denial of your event. Your event may be tentatively accepted pending completion of full on-line registration.** (Enter N/A in fields that are not applicable)

Please be advised that the program/activity and all program staff must be in compliance with the University of Toledo "3364-10-17 Minors on Campus Policy."

Name of Program/Activity: \_\_\_\_\_

Sponsoring Unit: \_\_\_\_\_

Director of Program/Activity: \_\_\_\_\_

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

*This is an ongoing program with 25 or fewer participants of 8 hours or less duration with at least 2 authorized adults supervising all activities.*

Vice President/Provost or Dean Name: \_\_\_\_\_

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Description and nature of the program/activity involving minors:

Dates of activity/program: \_\_\_\_\_

How will the minors participate in the program/activity?

	YES	NO
Does the program/activity involve overnight stay in University Housing?	<input type="checkbox"/>	<input type="checkbox"/>
Has all program staff been background checked?	<input type="checkbox"/>	<input type="checkbox"/>
Has all program staff completed university required training?	<input type="checkbox"/>	<input type="checkbox"/>
Are you requesting an exemption to the Policy on Minors?	<input type="checkbox"/>	<input type="checkbox"/>

If you are requesting an exemption please explain in detail why this program/or activity should be exempted from all or part of the Minors on Campus Policy:

Signature of program/activity director: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of dean/provost or sponsoring unit vice president: \_\_\_\_\_ Date: \_\_\_\_\_