

MINORS ON CAMPUS POLICY PROGRAM REGISTRATION/APPROVAL FORM

Name of Program:Please check whether this program is:		Program Administrator Name: G ONE-TIME OCCURRENCE	
Program Description:			
Program Date(s) and Location:			
Start date: End date:			
Location: ON-CAMPUS			
OFF-CAMPUS If on-campus, which of the following will be	ha usad?		
OUTDOOR FIELDS	POOL	KULAS AUDITORIUM	
INTRAMURAL GYM	RECREATION CENTER	DOLAN AUDITORIUM	
VARSITY GYM	CLASSROOMS	OTHER:	
If off-campus, where will the activities tak	re place?		
Number of Participants by Age Group:			
6 MONTHS – 5 YEARS			
6 YEARS – 8 YEARS 9 YEARS – 14 YEARS			
15 YEARS – 17 YEARS			
Describe Minors' Activities in Program:			
Describe immors frectionies in Flograms			
Overnight Stay?			
YES			
NO			
Transportation Provided by JCU?			
YES			
NO Please attach any administrative require	manta (a. a. vializar, marmiarian alim ana	augen eur meedieel ferme	
	ments (e.g. waiver, permission slip, em	ergency medical form)	
Signatures:			
JCU Department:			
Program Administrator	Vice President / Dean		
Printed Name:	Printed Name:		
Title:	Title:		
Signature:	Signature:		
Date:	Date:		

Please send the completed and signed form to the attention of Campus Safety Services (CSS) and the Director of Risk Management and Regulatory Affairs at least sixty (60) days prior to the first scheduled date of participation by Minors.