

Name of Program: _____ Program Administrator Name: _____

Please check whether this program is: ONGOING 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 used?

 OUTDOOR FIELDS POOL KULAS AUDITORIUM INTRAMURAL GYM RECREATION CENTER DOLAN AUDITORIUM VARSITY GYM CLASSROOMS OTHER: _____

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 Minors' Activities in Program:**Overnight Stay?** YES NO**Transportation Provided by JCU?** YES NO

Please attach any administrative requirements (e.g. waiver, permission slip, emergency 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 John Carroll University Police Department (JCUPD) and the Director of Risk Management and Regulatory Affairs *at least sixty (60) days prior* to the first scheduled date of participation by Minors.