**MINORS PROGRAM REGISTRATION FORM**

**Under the Minors in DePauw University Program Policy, all Program Administrators of DePauw University Programs involving non-accompanied minors (under the age of 18 and not a student at DePauw) must complete this Registration Form and submit to the Manager of Safety and Risk Management Services no later than thirty (30) days prior to the start of the Program. Please contact the Manager of Safety and Risk Management Services at 765-658-4180 with any questions regarding this form or the registration process. For additional information please see www.depauw.edu/offices/finance-administration/faculty-and-staff-information/**

Program Information:

1. Name of Program/Activity/Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Brief Description of Program/Activity/Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. External Entity/Individual(s) Partnered with DePauw: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Days/Dates/Times of Program/Activity/Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Begins: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ends: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Location(s) of Program/Activity/Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Estimated Number of Minors: Male Female

Ages 6 to 8 years: \_\_\_\_\_ \_\_\_\_\_

Ages 9 to 14 years: \_\_\_\_\_ \_\_\_\_\_

Ages 15 to 17 years: \_\_\_\_\_ \_\_\_\_\_

Does the Program/Activity/Event require overnight housing of minors? Yes \_\_\_ No \_\_\_

Does the Program/Activity/Event require DePauw transportation? Yes \_\_\_ No \_\_\_

Does the Program/Activity/Event require use of laboratories? Yes \_\_\_ No \_\_\_

**Anticipated Authorized Adults\*:**

**All faculty, professional staff, students, volunteers or contractors participating in the Program/Activity/Event are required to comply with DePauw University policy and procedures as outlined in the Minors in DePauw University Programs Procedures (www.depauw.edu/offices/finance-administration/faculty-and-staff-information/)**

**Name (First & Last) Faculty? Staff? Student? Volunteer? Contractor? Phone Email**

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**\* A final list of Authorized Adults must be submitted to the Manager of Safety and Risk Management Services prior to the start of the Program.**

**Program Administrator (Primary Contact)**

1. First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Department/Division: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Office Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Cell Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As Program Administrator, I certify the following:

\_\_ I, as Program Administrator, will ensure that all Program Staff and participants comply with the University Procedures (www.depauw.edu/offices/finance-administration/faculty-and-staff-information/).

 **Our Communication Plan** will include:

\* A procedure for obtaining and maintaining contact information for participants’ parents/legal guardians, as well as emergency contacts in the event the parents/guardians are unavailable.

\* A procedure for notification of all participants’ parents/guardians in the event of an emergency.

\* A procedure for parents/guardians to follow to contact program personnel and/or their child during program hours.

 **Our Medical Emergency Plan** will include:

\* A procedure for obtaining and maintaining(i) authorization from all participants’ parents/guardians to transport program participants to local hospitals as deemed necessary; and (ii) authorization for emergency medical treatment in the event the parents/guardians or their designated emergency contact are not available.

\* A procedure for obtaining and maintaining disclosures of any allergies or other medical conditions or physical limitations that might impact participation in the Program/Activity/Event.

\* A procedure to administer medication to program participants during program hours.

 **Our Supervision Plan** will include:

\* The person (if not the Program Administrator) having responsibility over all Authorized Adults serving in the Program/Activity/Event

\* A ratio of participants to Authorized Adults in line with the University Procedures.

\* Rules related to curfew, visitors, and limitations of use of free time in line with the University Procedures involving overnight stays.

 **Our Transportation Plan** will include:

\* A procedure for the drop –off and pick-up of participants, specifying times and location(s).

\* A procedure to obtain written permission from the parents/guardians in the event any participant is to be released to any person other than his or her parent/guardians.

\* A description of any transportation of participants to be provided by the program/activity/event, specifying the type of vehicle and driver(s).

\_\_ All Program Staff will have completed the process for the minimum background check requirements as outlined in the University Procedures prior to the first day of the Program.

\_\_ All Program Staff will have completed the mandatory training as outlined in the University Procedures prior to the first day of the Program.

**If the Program modifies the Template for Parent/Legal Guardian Consent Form provided by the University, a copy will be provided to the Manager of Safety and Risk Management Services prior to the start of Program registration.**

**All Program Plans and Program Staff records will be maintained and available to the Manager of Safety and Risk Management Services upon request.**

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Signature of Program Administrator Date