**Program registration/Approval Form**

To be completed no less than 30 days prior to the commencement of the program/event

Name of Program: ________________________________

Program Administrator: __________________________

Please check whether this program is:

- Ongoing
- One-Time Occurrence

Program Date(s) and Location:

Start Date: _________  End Date: _________

Location:

- On-Campus
- Off-Campus

Overnight Stay?

- YES
- NO

If on-campus, which of the following will be used (specify which facility):

- Outdoor fields: _________
- Gymnasium: _________
- Classrooms: _________
- Offices: _________
- Auditoriums: _________
- Dormitories: _________
- Labs: _________
- Food Services: _________

Estimated Number of Participants by Age Group:

- 6 month – 5 Years
- 6 Years – 8 Years
- 9 Years – 14 Years
- 15 Years – 17 Years

What is the ratio of Authorized Adults, (refer to the Minors on Campus Policy for definition of Authorized Adult), to Minors (See Section C. Authorized Adult to Minor Ratio):

Do all Authorized Adults meet USF requirements concerning background checks, training, etc…?
Describe Minor’s Activities in Program:

Transportation Provided by USF?
- YES
- NO

Please attach any administrative requirements (e.g. waiver, permission slip, emergency medical form, list of authorized adults, list of volunteers, if applicable)

Signatures:

Program Administrator:
Printed Name: _________________________
Title: _____________________________
Signature: _________________________
Date: _____________________________

Vice President / Dean
Printed Name: _________________________
Title: _____________________________
Signature: _________________________
Date: _____________________________

A copy of this completed and signed form must be delivered to the Director of Environmental Health, Safety and Risk Management within 30 days of the conclusion of the program/event to be kept for retention purposes.