

**217.1 Protection of Minors on Campus -- Registration Form for Programs and Activities Involving Minors**

Name of Program: \_\_\_\_\_

Brief Description of Program: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Program Director Name: \_\_\_\_\_

Program Director Phone Number: \_\_\_\_\_

Program Website (if applicable): \_\_\_\_\_

\_\_\_\_\_

Program Start Date: \_\_\_\_\_

Program End Date: \_\_\_\_\_

Program Hours: \_\_\_\_\_

Program Location: \_\_\_\_\_

Number of Participants: \_\_\_\_\_

Minimum Age of Participants: \_\_\_\_\_

Maximum Age of Participants: \_\_\_\_\_

Does the Program involve an overnight stay?

Yes

No

If so, will the overnight stay be in University Housing?

Yes

No

Will Minors be transported in vehicles during the Program?

Yes

No

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Number of Program Staff Members: \_\_\_\_\_

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I have read and familiarized myself with the requirements of Fayetteville Policies and Procedures 217.1 Protection of Minors on Campus. If I have any questions about the policy, I will contact UA Human Resources.

I will work with other program organizers to fulfill all policy requirements, including ensuring that all required steps are completed for each employee and volunteer prior to participation in program activities.

I will furnish, in a timely manner, staffing lists or any other verification information that may be requested by Human Resources.

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Program Director Signature