

Iowa State University Youth Activities, Pre-Collegiate Programs and Camps
University Sponsored or Endorsed Youth Program Registration Form

Registration form should be submitted at least four (4) weeks prior to the start date of the program.

Please see policy.iastate.edu/policy/youthprograms for definitions and other information related to the Youth Activities, Pre-Collegiate Programs and Camps (YAP) policy and procedures.

The following information will be used for administrative purposes and for viewing on the Iowa State Programs for Youth ("ISPY") central website: www.ispy.iastate.edu.

If you prefer NOT to have information about your program accessible on ISPY, please check here:

This Program is: University Sponsored University *Endorsed

(*Very few youth programs fall into the 'University Endorsed' category. If you believe this program should be considered 'Endorsed,' please contact the Office of Risk Management prior to completing this form to discuss program details.)

Program Name: _____

ISU Department/Unit: _____

Does a Recognized ISU Student/Campus Organization play a significant role in this program? Yes No

If so, please indicate organization: _____

Detailed Program Description: (Attach an additional word document if necessary to provide thorough program information.)
If included on ISPY site, description may be edited.

Program Location(s) (Name of ISU facilities/buildings or other venues): _____

Program Web Site: _____

Vehicle Use: Will this youth program require the use of a university vehicle to transport youth? Yes No

Will parents and/or guardians accompany minors throughout this event? Yes No

Targeted Age Groups: * (Select all that apply)

- | | | |
|--|--------------------------------------|---------------------------------------|
| <input type="radio"/> Pre-Kindergarten | <input type="radio"/> 3rd-5th Grades | <input type="radio"/> 9th-12th Grades |
| <input type="radio"/> K-2nd Grades | <input type="radio"/> 6th-8th Grades | |

Topic Categories: * (Select all that apply)

- | | | | |
|---|---|--|---|
| <input type="radio"/> Agriculture | <input type="radio"/> College Preparation | <input type="radio"/> Math & Science | <input type="radio"/> Talented & Gifted |
| <input type="radio"/> Animal Care | <input type="radio"/> Computers | <input type="radio"/> Social Studies | <input type="radio"/> Other _____ |
| <input type="radio"/> Art, Drama, & Music Engineering | <input type="radio"/> Engineering | <input type="radio"/> Sports & Fitness | |
| <input type="radio"/> Business | <input type="radio"/> Leadership Skills | <input type="radio"/> Writing & Language | |

Schedule Type:

- Continuous** – Offered on an ongoing basis (regularly repeating or by appointment only, throughout the semester/year)
- Specific** – Single event(s) scheduled on a specific date(s)

Please provide more detailed program information in table below. If column does not apply, please indicate with 'N/A':

Program Begin Date (m/d/y)	Program End Date (m/d/y)	Web publication start date (m/d/y)	Web publication end date (m/d/y)	Program Fee \$ Amount	Possibility for college credit (Y/N)	Overnight stay option (Y/N)	Estimated number of youth participants	Estimated number of youth program staff

Program Leader (must be ISU faculty or P&S staff)

First Name: _____ Last Name: _____
 Phone Number: _____ Email Address: _____
 ISU Office Address: _____

Program Leader – Please print and route for approval prior to submission to the Office of Risk Management.

The undersigned individuals give approval for this Youth Program:

Program Leader	_____	_____	_____
	Name printed	Signature	Date
Department Chair/Unit Director	_____	_____	_____
	Name printed	Signature	Date
Dean/Vice President (or designee)	_____	_____	_____
	Name printed	Signature	Date

Send completed form to the Office of Risk Management (ORM)
EMAIL: orm@iastate.edu MAIL: 3618 Administrative Services Building
 For assistance related to this form, call ORM at 515-294-7711.

Note to Program Leader: The Background Check Request spreadsheet for this program should be sent to orm@iastate.edu in conjunction with or **following** submission of this Registration Form to expedite review and processing.

Background Check Request should be submitted a minimum of three (3) weeks prior to program start date.