

# Programs for Minors Information Form

University of North Texas at Dallas

**Submit completed form to Risk Management Services no less than three months prior to the start date of the camp.**

**PERSON COMPLETING THIS FORM:** \_\_\_\_\_ **PHONE:** (\_\_\_\_) \_\_\_\_\_

**NAME OF PROGRAM:** \_\_\_\_\_

**MAIN LOCATION OF PROGRAM:** \_\_\_\_\_

**CONTACT INFORMATION FOR PROGRAM DIRECTOR:**

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Mobile phone: (\_\_\_\_) \_\_\_\_\_

**CONTACT INFORMATION FOR SECONDARY PERSON:**

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Mobile phone: (\_\_\_\_) \_\_\_\_\_

**PROGRAM DATE(S)**

**Include beginning date and end dates for each program. Attach additional sheets if necessary. If the information provided in this form does not apply to all sessions, complete a separate *Information Form* for each session.**

Session 1 \_\_\_\_\_ Session 2 \_\_\_\_\_ Session 3 \_\_\_\_\_ Session 4 \_\_\_\_\_

**APPROXIMATE NUMBER OF PARTICIPANTS PER SESSION:**

Session 1 \_\_\_\_\_ Session 2 \_\_\_\_\_ Session 3 \_\_\_\_\_ Session 4 \_\_\_\_\_

**AGES OF CAMP PARTICIPANTS:**

Session 1 \_\_\_\_\_ Session 2 \_\_\_\_\_ Session 3 \_\_\_\_\_ Session 4 \_\_\_\_\_

**APPROXIMATE NUMBER OF CAMP STAFF:**

Session 1 \_\_\_\_\_ Session 2 \_\_\_\_\_ Session 3 \_\_\_\_\_ Session 4 \_\_\_\_\_

**INDICATE WHETHER THIS PROGRAM IS [check one]:**

\_\_\_\_ Day only

\_\_\_\_ Overnight

**CONTACT INFORMATION FOR THE PROGRAM HEALTH OFFICER:**

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Completing Forms

\_\_\_\_\_  
Date