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: (____) __________

__________________________________________ ____________________________ Date

Signature of Person Completing Forms

Form last updated 6/27/2018