

Appendix A

Registration of College Programs and Activities Involving Minors

Department Name: _____

Department Head Name: _____

Office Extension: _____ Email Address: _____

Description of Activity/Program and Minors' Participation: _____

Dates of Activity/Program: _____

Age Range of Minors Participating: _____

Will Minors Stay Overnight? Yes No Estimated Number of Minors Participating: _____

Position Title of Those Who Will Supervise or Accompany Minors: _____

Ratio of Supervisors to Minors: _____

Signatures

Responsible Adult Supervising Program

Date

Supervising Entity Head

Please send the completed and signed form to Miami University Police Department at least thirty (30) days prior to the first scheduled date of participation by minors. A list of all participants must be submitted prior to the first day of the program.

Education's Own Insurance Company

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