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)

☐ Pre-Kindergarten  ☐ 3rd-5th Grades  ☐ 9th-12th Grades

☐ K-2nd Grades  ☐ 6th-8th Grades
Topic Categories:  * (Select all that apply)

- Agriculture
- College Preparation
- Math & Science
- Talented & Gifted
- Animal Care
- Computers
- Social Studies
- Other___________
- Art, Drama, & Music Engineering
- Engineering
- Sports & Fitness
- Writing & Language
- Business
- Leadership Skills

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’:

<table>
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<tr>
<th>Program Begin Date (m/d/y)</th>
<th>Program End Date (m/d/y)</th>
<th>Web publication start date (m/d/y)</th>
<th>Web publication end date (m/d/y)</th>
<th>Program Fee $ Amount</th>
<th>Possibility for college credit (Y/N)</th>
<th>Overnight stay option (Y/N)</th>
<th>Estimated number of youth participants</th>
<th>Estimated number of youth program staff</th>
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Program Leader (must be ISU faculty or P&S staff)

First Name: _______________________________ Last Name: _______________________________
Phone Number: ___________________________ Email Address: ___________________________

The Background Check Request form should be sent to youth@iastate.edu in conjunction with or following submission of this Registration Form. Background Check Request should be submitted a minimum of three (3) weeks prior to program start date. Program leaders may designate an ISU employee to be an official designee of the department or unit to complete a youth program registration and background check request form. Program leader designates the following individual to submit requests and receive background check results:

First Name: _______________________________ Last Name: _______________________________
Phone Number: ___________________________ Email Address: ___________________________

Please route registration for approval prior to submission. 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: youth@iastate.edu
For assistance related to this form, call ORM at 515-294-7711.