

**Youth Activities, Pre-Collegiate Programs and Camps at Iowa State University  
Registration Form for ISU Athletics Third Party Camps and Clinics**

Name of Third Party Organization/LLC: \_\_\_\_\_

Name of Camp/Clinic: \_\_\_\_\_

**Program Description:**

**ISU facilities to be used:**

**Targeted Age Groups:** \* (Select all that apply)

- Pre-Kindergarten     
  3<sup>rd</sup>-5<sup>th</sup> Grades     
  9<sup>th</sup>-12<sup>th</sup> Grades  
 K-2<sup>nd</sup> Grades     
  6<sup>th</sup>- 8<sup>th</sup> Grades

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	Overnight stay option (Y/N)	Estimated number of youth participants	Estimated number of program staff

**If this is an overnight camp/clinic, where are the accommodations that will be provided?**

- On campus through ISU Department of Residence
- Off campus (please specify: \_\_\_\_\_)

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

**Iowa State University Contact serving as Program Leader / Camp Director:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Insurance – Please check one of the following:**

- Program Leader/Camp Director will purchase insurance through ISU Office of Risk Management
- Program Leader/ Camp Director will provide proof of insurance as purchased through outside agency/provider

**Program Leader/Camp Director – Please print and route for approval prior to submission.**

**The undersigned individuals give approval for this youth program:**

**Program Leader / Camp Director:**

_____	_____	_____
Print Name	Signature	Date

**ISU Senior Associate Athletics Director:**

_____	_____	_____
Print Name	Signature	Date

**Notes to Program Leader/Camp Director:**

- A minimum of 30 days prior to the program state date, send this form, certificate of insurance (if not purchased through ISU ORM), and Third Party Facility Use Agreement to the Office of Risk Management.
- The Background Check Request form for this program should be sent in conjunction with this Registration Form or at least 3 weeks prior to the start date of this program.
- The Office of Risk Management reserves the right to audit third party documentation for ISU policy compliance.

**Please submit all forms to the Office of Risk Management at:**  
**EMAIL: orm@iastate.edu    MAIL: 3618 Administrative Services Building**  
 For assistance related to this form, call ORM at 515-294-7711.