

THE UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER

MINORS ON CAMPUS

PROGRAM REGISTRATION FORM

Pursuant to the UTHSC Policy Implementing University of Tennessee System Safety Policy 575 (Programs for Minors) with respect to Programs for Minors Sponsored by a University Unit, the Program Director (*the person primarily responsible for the management and oversight of the Covered Program*) must complete this Registration Form and send it to **Anesha Jones** in the Human Resources Department no later than thirty (30) days prior to the start of the Covered Program.

I. General Program Information

Program Name _____

A. Please describe the Covered Program below and include the following in your description: (1) Nature of the activities associated with the Covered Program; (2) Location(s); (3) Date(s)/time(s); and (4) Total number of expected minor participants.

B. Please identify the Program Director _____

C. Please list all Covered Adults who will be participating in the Covered Program and attach documentation from Human Resources confirming that all Covered Adults have met the criminal background check/training requirements of University of Tennessee System Safety Policy 575 (Programs for Minors), unless an exception to those requirements has been approved by the Designated Official in writing. (**Attach separate sheet if necessary.**)

Participating Covered Adults	Participating Covered Adults

II Signatures

The Program Director, by signing below, signifies that he/she has or will comply with University of Tennessee System Safety Policy 575 (Programs for Minors) and the UTHSC policy implementing that policy.

Printed Name

University Unit

Signature

Date