



Contracts, Purchasing, and Risk Management

NORTHERN ARIZONA UNIVERSITY

Contracts, Purchasing and Risk Management

PROGRAM SERVING NON-STUDENT MINORS REGISTRATION FORM

("Program")

928-523-4557

RETURN TO:

NAU-Insurance@nau.edu

PO Box 4067
Flagstaff, AZ 86011

Revised: 04/07/2021

Program Information (review the Supervision of Non-Student Minors policy for guidance regarding this form)

Program (describe and include dates):

Program Administrator (name, e-mail, phone):

Program Location:

Start Date:

End Date:

Program Details (attach additional sheets as necessary to provide further clarifying information)

Is this a University Program Yes No

If "Yes", has proof of insurance been provided? Yes No

Has this Program operated previously at Northern Arizona University? Yes No

Is this a virtual or online Program? Yes No

If "Yes", are safety measures in place to prevent uninvited participants, cyber stalking/bullying? Yes No

Will a third party processor electronically collect information from children under the age of 13? Yes No

If "Yes", please contact the Contracts Unit of Contracts, Purchasing and Risk Management at nau-contracts@nau.edu. The Contracts Unit will ensure the contract includes appropriate information regarding the Children's Online Privacy Protection Act (COPPA).

Is this a lab program? Yes No

Number of Participants: Number of Participants at a given time:

Age Range of Participants: to

Number of Authorized Adults: (insert the number expected to be on duty at a given time)

Will Authorized Adults Receive Training? Yes No

Will there be one-on-one interaction with Participants? Yes No

Have all Authorized Adults Passed a Background Check? Yes No N/A

If "No" or "Not Applicable", explain why:

Have all Authorized Adults Passed a Fingerprint Screening? Yes No N/A

If "No" or "Not Applicable", explain why:

Describe Specific Needs of the Participants, if any:

Is the required Safety Plan included with this Registration? Yes No

If "No", provide anticipated submittal date:

Is there a plan to change facilities or modify activities for Participants with special needs? Yes No N/A

If "No" or "Not Applicable", explain why:

Is there a plan to change facilities or modify activities in case of extreme weather? Yes No N/A

If "No" or "Not Applicable", explain why:

Do Participants need to be accompanied by an Authorized Adult to bathroom facilities? Yes No

If "Yes", has the one-on-one form been completed and approved? Yes No

Is there a plan for transportation of Participants? Yes No N/A

Explain:

Will there be overnight lodging for Participants? Yes No

If "Yes", provide details:

Will all required forms be collected from Participants prior to Program start? Yes No

If "No", explain:

Are there response protocols in the event of injury or illness during the Program? Yes No

Are there response protocols in place if an Authorized Adult or Participant is accused of misconduct? Yes No

Have all the program forms been completed? Yes No

If "Yes", please include forms. If "No", explain:

Program Administrator Attestation

By signing below, I attest that the information herein is correct. that I have read and understand and will abide by the Supervision of Non-Student Minors Policy.

Name:

Signature:

Date: