**Albany State University**

**Youth Programs Involving Minors**

**Summary of Event**

**Name of Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is this an ASU administered program? \_\_\_\_\_\_\_\_\_yes \_\_\_\_\_\_\_\_\_\_no**

**If not, who is the authorized sponsor? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program Administrator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Number of Program Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Names of Program Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Background check completed on all staff (paid and voluntary) \_\_\_\_\_yes \_\_\_\_\_no**

**If no, explain why.**

**Total Number of Participants: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Were minors participants? \_\_\_\_\_\_yes \_\_\_\_\_\_no**

**If minors participated---Number of minors \_\_\_\_\_\_\_\_\_\_ Non-Minor participants \_\_\_\_\_\_\_\_\_**

**Was overnight stay included in the program? \_\_\_\_\_\_yes \_\_\_\_\_\_no**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Program Administrator Printed Name of Administrator Date**

**Completed document must be submitted to the ASU Interim Director of Auxiliary Services for maintaining information relative to camps/events held on the ASU campuses whether institution or third party sponsored at the conclusion of the event.**