

YOUTH PROGRAM INFORMATION

Name of Youth Program:

Brief Description of Program:

Location:

Type of Program: Overnight Camp Day Camp

Start Date: _____ **End Date:** _____

Anticipated Attendance:

Recommended Age Level: _____ **Grade Level (Select all that apply):** Elementary Middle School High School

Registration Fee per Participant:

CONTACT INFORMATION

Youth Program Director(s) responsible for all aspects of program:

Phone: _____ **Email Address:** _____

Youth Program Coordinator(s) (if different from Director):

Phone: _____ **Email Address:** _____

ACKNOWLEDGEMENTS

Please initial before each statement.

- _____ I am aware that summer programs involving minors require enhanced care; this will require all staff to complete the mandatory Child Protection Training.
- _____ I am aware that programs held in labs require Personal Protection Equipment training (PPE) and our program will provide the necessary safety equipment for participants.
- _____ I am aware of the recommended staff to student ratio.
- _____ I am aware of the Volunteer Policy.
- _____ I am aware of the required completion of necessary trainings and Criminal Background check for staff and volunteers working the Youth Program must be completed before the start of program.
- _____ I am aware of the policy of acquiring insurance for participants.
- _____ As the Program Director, I am responsible for youth participant safety from the time of drop off to pick up.

PROGRAM APPROVAL

This approval signifies the proposed program is aligned to the UTRGV Strategic Plan Core Priority to provide educational opportunities and mentoring for Pre-K to 12th grade students to increase college preparedness particularly for STEM, Health and Medical Fields.

Submitted by:

 Camp Director

 Signature

 Date

Approved by:

 Dean or Unit Head/Designee Name

 Dean or Unit Head/Designee Signature

 Date

Please Submit Form To:

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