Registration form should be submitted at least four (4) weeks prior to the start date of the program.

Please see policy.iastate.edu/policy/youthprograms for definitions and other information related to the Youth Activities, Pre-Collegiate Programs and Camps (YAP) policy and procedures.

The following information will be used for administrative purposes and for viewing on the Iowa State Programs for Youth ("ISPY") central website: www.ispy.iastate.edu.

If you prefer NOT to have information about your program accessible on ISPY, please check here: ☐

This Program is: ☐ University Sponsored ☐ University *Endorsed

(*Very few youth programs fall into the ‘University Endorsed’ category. If you believe this program should be considered ‘Endorsed,’ please contact the Office of Risk Management prior to completing this form to discuss program details.)

Program Name: ISU Swim & Gym

ISU Department/Unit: Department of Kinesiology & Health

Does a Recognized ISU Student/Campus Organization play a significant role in this program? ☐ Yes ☐ No

If so, please indicate organization:

Detailed Program Description: (Attach an additional word document if necessary to provide thorough program information.) If included on ISPY site, description may be edited.

Swim & Gym is an after-school program that takes place during each fall and spring semester at Iowa State University. The program includes the following: team sports, gymnastics, fitness activities, dance, cooperative games, tag games, etc. Children are often divided into an older and younger group. Older children focus on more complicated concepts involved in the physical activities listed above while the younger children focus on the fundamental basics of physical activity. Swimming lessons include instruction for swimming strokes, diving, water safety, etc. Young children spend time becoming comfortable in the water before pursuing swimming strokes and diving skills. The program is led by undergraduates pursuing a degree in physical education. Life guard personnel are also hired to lead in the pool setting.

Program Location(s) (Name of ISU facilities/buildings or other venues): Focker Building

Program Web Site: http://www.kin.ha.iastate.edu/p-news/announcements/ISU&G

Vehicle Use: Will this youth program require the use of a university vehicle to transport youth? ☐ Yes ☐ No

Will parents and/or guardians accompany minors throughout this event? ☐ Yes ☐ No

Targeted Age Groups: * (Select all that apply)

☐ Pre-Kindergarten ☐ 3rd-5th Grades ☐ 9th-12th Grades

☐ K-2nd Grades ☐ 6th-8th Grades

Page 1 of 2

Revised 4/16/2014
Topic Categories:  *(Select all that apply)*

- Agriculture
- Animal Care
- Art, Drama, & Music Engineering
- Business
- College Preparation
- Computers
- Engineering
- Leadership Skills
- Math & Science
- Social Studies
- Sports & Fitness
- Talented & Gifted
- Other

Schedule Type:

- Continuous – Offered on an ongoing basis (regularly repeating or by appointment only, throughout the semester/year)
- Specific – Single event(s) scheduled on a specific date(s)

*Please provide more detailed program information in table below. If column does not apply, please indicate with ‘N/A’:

<table>
<thead>
<tr>
<th>Program Begin Date (m/d/y)</th>
<th>Program End Date (m/d/y)</th>
<th>Web publication start date (m/d/y)</th>
<th>Web publication end date (m/d/y)</th>
<th>Program Fee $ Amount</th>
<th>Possibility for college credit (Y/N)</th>
<th>Overnight stay option (Y/N)</th>
<th>Estimated number of youth participants</th>
<th>Estimated number of youth program staff</th>
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Program Leader *(must be ISU faculty or P&S staff)*

First Name: Jennifer
Last Name: Smith
Phone Number: 515-294-1762
Email Address: gavsmom@iastate.edu
ISU Office Address: 202B Forker Building

Program Leader – Please print and route for approval prior to submission to the Office of Risk Management.

The undersigned individuals give approval for this Youth Program:

Program Leader
Jennifer Smith
Name printed
Signature
Date

Department Chair/Unit Director
Philip E. Martin
Name printed
Signature
Date

Dean/Vice President (or designee)
Pamela J. White
Name printed
Signature
Date

Send completed form to the Office of Risk Management (ORM)
EMAIL: orm@iastate.edu  MAIL: 3618 Administrative Services Building
For assistance related to this form, call ORM at 515-294-7711.

Note to Program Leader: The Background Check Request spreadsheet for this program should be sent to orm@iastate.edu in conjunction with or following submission of this Registration Form to expedite review and processing.

*Background Check Request should be submitted a minimum of three (3) weeks prior to program start date.*