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**University of Wisconsin-Madison**

**Non-Custodial Youth Activity Template – Field Trips and Commuter Activities**

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Signed Agreement is Due: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of School/Youth Group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of School/Youth Group Leader:

School/Youth Group Address:

Date of Visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start Time of Visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Time of Visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Youth Participants (e.g., students):

Grades of Youth Participants: \_\_\_\_\_

Number of Adult Chaperones:

Day of Visit Adult Chaperone Contact Information

Adult Chaperone Contact #1:   
Adult Chaperone Contact Cell Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adult Chaperone Contact #2:   
Adult Chaperone Contact Cell Phone Number \_\_\_\_\_\_

University of Wisconsin-Madison campus visit expectations outlined below are part of your group’s agreement with [NAME OF PROGRAM]. Your group must agree to the following conditions.

1. We understand that the [NAME OF PROGRAM] does not guarantee participation in [NAME OF PROGRAM] until both of the following occur:
   1. This document, signed and submitted by our group’s authorized representative, is received and accepted by [NAME OF PROGRAM] and
   2. Our authorized representative receives a final confirmation from [NAME OF PROGRAM].
2. Prior to arrival at UW-Madison, we will:
   1. Review final confirmation from [NAME OF PROGRAM] to determine if there are any discrepancies. We understand it is unlikely that any modifications can be made to our itinerary within [XX] days of our visit.
   2. Conduct background checks on all adults accompanying the youth participants, herein referred to as adult chaperones. (Exceptions may be granted at the discretion of [NAME OF PROGRAM] for home school groups where youth are accompanied by their parents/guardians.)
   3. Secure permission from parents/guardians for all youth participants in attendance prior to the start of the visit.
   4. Provide adult chaperones with a copy of relevant program information (e.g., start time, end time, visit location).
   5. Inform [NAME OF PROGRAM] of any changes to group size at least [XX] days prior to the start of the visit.
   6. Organize youth participants into assigned groups with appropriate numbers of adult chaperones (see Section 3a for supervision ratios).
   7. Schedule arrival early enough to allow time for parking, transition to the arranged meeting site, as well as restroom and water breaks.
3. We understand that we are responsible for all youth participants in our group throughout the duration of our time at the University of Wisconsin-Madison. [NAME OF PROGRAM] will not assume responsibility for the custodial care of the youth participants at any time. To meet supervision standards set by UW-Madison, we will:
   1. Maintain the following supervision ratios for the entirety of the visit:

| Age of Youth Participants | Supervision Ration  (Adult Chaperone: Youth Participants) |
| --- | --- |
| In all situations  Ages 6 and under | 1 (one) Adult Chaperone to every  4 (four) Youth Participants (or fraction thereof) |
| In all situations  Ages 7 through 9 | 1 (one) Adult Chaperone to every  10 Youth Participants (or fraction thereof) |
| In a classroom setting and transitioning between buildings  Ages 10 and above | 1 (one) Adult Chaperone to every  18 Youth Participants (or fraction thereof) |
| In all situations outside of those listed directly above  Ages 10 and above | 1 (one) Adult Chaperone to every  10 Youth Participants (or fraction thereof) |

* 1. Provide a minimum of two (2) adult chaperones to accompany youth participants on all campus visits regardless of the number of youth participants; ratios referenced above must also be maintained.
  2. Require adult chaperones to be actively engaged when accompanying youth participants during the [NAME OF PROGRAM]. Adult chaperones will not be on cell phones or leave their youth participants for anything other than emergency situations or brief restroom breaks.
  3. Require adult chaperones to abide by university supervision standards, which prohibit one-on-one interactions and require that interactions with youth participants be observable and interruptible (see [UW-1045 Youth Protection](https://policy.wisc.edu/library/UW-1045)).
  4. Require adult chaperones to take responsibility for youth participants’ behavior on campus. Adult chaperones are responsible for minimizing excessive talking, youth participant cell phone usage, lagging behind, and/or any actions that are dangerous or inappropriate for a campus visit.

1. We agree to communicate the following guidelines to the adult chaperones and youth participants:
   1. Be on time and follow the schedule set for your visit.
   2. Dress appropriately for the activity/weather.
   3. Listen to instructions of UW-Madison staff, including student tour guides and docents; courteous and respectful conduct is expected.
   4. Refrain from roughhousing or other disruptive behavior.
   5. Keep speaking volume appropriate to the activity and location on campus; classes may be occurring in campus buildings during your visit.
   6. Stay with your group throughout your visit.
   7. Follow all relevant UW-Madison and [NAME OF PROGRAM] rules and all local, state, and federal laws.
   8. Be engaged with the programming and enjoy your time at UW-Madison!
2. We understand that UW-Madison campus staff, including student tour guides and docents, have the right to end programs early when inappropriate behavior occurs or appropriate supervision is not provided. Furthermore, [NAME OF PROGRAM] reserves the right to deny future visits based on past behavior.
3. The UW-Madison is a barrier free campus and is committed to providing equal opportunity for participation in all programs, services, and activities. Accommodations for persons with disabilities may be requested when a reservation is submitted but no later than three (3) weeks in advance of the visit. Please note that the [NAME OF PROGRAM] does not provide mobility devices (i.e., crutches, scooters, wheelchairs) for visitors.

Complete the information below to confirm that an authorized representative of the group has read this document, understands the terms and conditions, and accepts the terms and conditions as stated. Questions can be directed to [NAME] and [NUMBER] or [EMAIL].

Name of authorized representative \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_