

Minors on Campus Program or Activity Registration

This form is to be filled out by the Program Director of any program that involves minors on campus or affiliated with California State University, San Bernardino.

Name of program					
Sponsoring department or auxiliary					
Dates and times	of program				
Type of Program		☐ On-campus ☐ Off-campus ☐ In-residence program (minors staying on campus in student housing			
Location(s) where program will be conducted					
Purpose and act program	ivities of the				
Anticipated number of youth participants				Ages of youth participants	
Program Direct	tor:				
Name			Title		
Office phone	ne		Cell phone		
Campus an	d in University Pr	ograms.	University	Policy Protection of	Minors on
	Program Directo	r Signature			

List of Authorized Adults – page 2



Authorized Adults (adults involved in the program who have contact with minors)

Name	California Driver	Passed background	Completed Youth
	License / State ID	check	Protection training