

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 activities of the program								
Anticipated number of youth participants		Ages of particip		-				
Number of Male Minor Participants				Number of Female Minor Participants				
Number of Staff Supervisors				Number of Adult Volunteers				
Program Director:								
Name		Title						
Office phone			Cell phone					
☐ Program Director has read and understood CSUSB University Guidelines <i>Protection of Minors on Campus and in University Programs</i> .								
Program Director Signature								

Complete the Pre-Event Checklist for Authorized Adults



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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						
Authorized Adults (adults involved in the program who have contact with minors)						
Name	Completed Mandated	C 1				
- Name		Completed Youth	Passed background			
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- Tunic		Protection training	check			
	Reporter Training	Protection training	check			
	Reporter Training	Protection training	check			
	Reporter Training	Protection training	check			
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	Reporter Training	Protection training	check			
	Reporter Training	Protection training	check			

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