



# YOUTH PROGRAM OR ACTIVITY REGISTRATION

This form is to be filled out by the Program Director of any in-person or online program/activity that involves minors on the San Bernardino or Palm Desert campuses -OR- any in-person or online CSUSB affiliated program/activity hosted offsite.

Learn More About Youth Protection at CSUSB

## **PROGRAM INFORMATION**

Program/Activity Name:

Who is the sponsoring department or auxiliary?

Where will the program be held? (Select all that apply)

**On-campus** 

In-residence programming

**Describe the location(s) where the program or activity will be conducted:** (e.g., Coussoulis Arena, College of Education Rom 2010)

Is this a recurring or one-time event?

Recurring

One-time

Off-campus

Online site

**Specify the dates and times of the program/activity?** (e.g., 10/1/22 12pm to 10/1/22 3pm)

Describe the program's purpose and the types of activities offered:







## **RISKS AND HAZARDS ASSESSMENT**

## Select the potential risks and hazards associated with the program or event: (Select all that apply)

#### Environmental

Extreme heat or weather conditions Amplified sound or noise Other

#### **Physical**

Slips and falls Lighting Other Water Excess Waste

Exertion Transportation and traffic management

Biological/Chemical Food borne illnesses Lab chemicals

Infectious disease Other

Do you have insurance coverage that include sexual abuse and molestation? Yes No

IMPORTANT: Please email your safety plan or risk assessment that will address the selected hazards to riskmanagement@csusb.edu.

#### **PARTICIPANT INFORMATION**

What is the anticipated number of youth participants? Ages of youth participants (e.g., ages 5-12) Number of male minor participants Number of female minor participants Number of program staff Number of volunteers\* (18+) (\*As defined by the <u>CSUSB Volunteer Policy</u>)

#### Please select the category of individuals who may interact with the program:

Family members

Students

Departmental staff

Other

Coaches







#### **Authorized Adults**

Please enter the name of adults involved in the program who have contact with minors and confirm if they have completed Mandated Reporter Training, Youth Protection Training, and passed background check.

- Mandated Reporter Training Contact <u>HR-Institutional Equity & Compliance</u>
- Youth Protection Training Visit Risk Management's website to learn more
- Background Check Coordinate a LiveScan through the University Police Department

Name	Mandated Reporter Training	Youth Protection Training	Passed Background Check
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## **PROGRAM DIRECTOR CONTACT INFORMATION**

Full Name

Office Phone

Title

Cell Phone

Email

### ACKNOWLEDGEMENT

I have read and understood CSUSB University Guidelines, Protection of Minors on Campus and in University Programs.

I understand that all CSU employees and volunteers are designated mandated reporters of child abuse or neglect pursuant to <u>Executive Order 1083</u>.

I understand that employees of CSUSB are required to be mandated reporters when they reasonably suspect or observe child abuse or neglect within the course of their employment or in a professional capacity pursuant to The Child Abuse Neglect and Reporting Act (CANRA), <u>California Penal Code §11164-11174.3</u>.

I hereby certify that the information contained on this form is true, correct and complete to the best of my knowledge and additionally understand that giving false information may result in delayed review of my registration submission.



