

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

Off-campus

Overnight programming

Online site

Describe the location(s) where the program or activity will be conducted:

(e.g., Coussoulis Arena, College of Education Room 2010)

Is this a recurring or one-time event?

Recurring

One-time

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
Overnight

Water activities (swimming, shower)
Excess Waste
Other

Physical

Slips and falls
Lighting
Other

Exertion
Transportation and traffic management

Biological/Chemical

Food borne illnesses
Lab chemicals

Infectious disease
Other

If working with a third-party, confirm their insurance coverage includes sexual abuse and molestation?

Yes

No

IMPORTANT: Please describe the controls in place to mitigate the risks identified above. For more information. Please review the generic risk assessment worksheet. Include a table to capture the controls and person responsible for the control.

PARTICIPANT INFORMATION

What is the anticipated number of youth participants?

Ages of youth participants
(e.g., ages 5-12)

Number of minors who identify as male

Number of minors who identify as female

Number of minors who identify as non-binary

Number of minors who prefer not to say

Number of program staff

Number of volunteers* (18+)

(*As defined by the [CSUSB Volunteer Policy](#))

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

Family members

Departmental staff

Students

Coaches

Faculty

Other

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 and LiveScan.

- **Mandated Reporter Training** – Contact [HR-Institutional Equity & Compliance](#)
- **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

PROGRAM DIRECTOR CONTACT INFORMATION

Full Name

Title

Office Phone

Cell Phone

Email

ACKNOWLEDGEMENT

I have read and understood CSUSB University Youth Protection Policy, 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 [Executive Order 1083](#).

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), [California Penal Code §11164-11174.3](#).

I understand that I am responsible for ensuring program staff and volunteers have completed LiveScan, background checks and applicable training prior to the start of this registered event.

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.