Youth Protection Program
Registration Approval Form

Section I: Program Outline and Department Information

1. Required: Program Outline signed by program sponsor/appropriate administrator(s).

2. Attach this signed *Registration Approval* page and the program outline/proposal when submitting to risk@csumb.edu.   We encourage you to share all program information, including program flyers, and other marketing materials.

3. Program Director's name and contact information (reachable phone # and email):

_____   ( )_____   _____
Program Director/Chair   **Contact phone**   **Email**

4. Program Supervisor's name and contact information (reachable phone # and email):

_____   ( )_____   _____
MPP responsible for daily ops of prgrm.   **Contact phone**   **Email**

5. **Division and Department name:**

_____   _____
Division   **Department Name**

6. **Division Approval:**

_____   _____   _____
Department Head Printed Name   **Department Head Signature**   **Date**

Section II: Youth Program/Activity Information

1. Program/Activity Name: _____

2. Program Duration:

   a. Program start and end date: Start Date: _____   End Date: _____
   b. Daily start and end time: Start Time: _____   End Time: _____

3. Additional comments (if needed): _____

_____

4. Anticipated number of participants: _____

5. Anticipated age/age range of participants: _____

6. Acknowledgement of Chaperones/supervisor ratios: Yes   No

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7. Will your program utilize CSUMB Authorized Drivers?   Yes   No
*Please review criteria for Transportation of Youth within the policy.

Section III: Youth Program/Activity Information
All final numbers and documents in this section are due to **risk@csumb.edu** **30 days** prior to the commencement of your program.

1. Will your program have youth stay overnight?   Yes   No
- If *YES*, you are required to answer and provide information and acknowledgment to *questions a-h*:

a. Number of overnights (required): _____

b. Dates of overnights (required): _____

c. Anticipated number of participant (required): _____

d. Anticipated age/age range of participants (required): _____

e. Your programs Emergency Protocol Procedures (required: attach copy)

f. Will your program allow for Authorized Visitors?   Yes   No
Authorized Visitor: parent or guardian who is authorized to visit the participant in a specified area.

g. Does your program have HS students?   Yes   No

- If YES, for *ALL* high school students housed overnight in-residence halls you are required register your program with the Office of Student Housing and Residence Life.

    Confirm the *date of the notification*: _____

    Who did you speak to: _____   *Email address*: _____

h. Please confirm that your program will comply with all security measures and procedures specified by the Office of Student Housing Services and the University Police Department.   Yes   No

Section IV: Additional Program Information
All final numbers and documents in this section are due to **risk@csumb.edu** **30 days** prior to the commencement of your program. (Not required if your program is not utilizing a 3rd party vendor/provider)

1. Will your program be utilizing a 3rd Party Vendor?   Yes   No

a. If YES, you are required to notify Conference and Event Services.
Please confirm the *date of the notification*: _____   *Who did you speak to*: _____
Email address: _____

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b. If YES, provide the following information for 3rd Party Agreement: see guidelines for Third Party and CoSponsored Programs/Facility Rentals

Company Name: _____

Name of Program/Activity: _____

Attach copy of Program Proposal: (required if using a 3rd party)

Attach copy of Agreement: (required if using a 3rd party: draft or signed. A signed copy is required prior to the start of the program)

Section V: Additional Program Questions

1. Do you have any questions regarding the SumTotal required training?   Yes   No

2. Do you need assistance with the Screening and Selection of potential employees?   Yes   No

3. Do you need assistance with reportable abuse issues or concerns?   Yes   No

4. Do you foresee any programmatic red flags that we can address now?   Yes   No

5. Would you like to schedule a meeting to further discuss your program?   Yes   No

6. Please provide any questions you may have: _____

_____

_____

_____

Section VI: Samples of Program Support Documents: **Forms**

- Participant Program List: final list required, 30 days prior to program start
- Program Staff Directory : final list required, 30 days prior to program start
- SumTotal Training Guide confirmation required, 30 days prior to program start
- Medical Treatment Consent Form confirmation required, 30 days prior to program start
- Participant Sign-in & Out DAILY Log Sheet
- Check-in & Out Overnight Program Log Sheet
- Buddy Program Sign-in & Out Log Sheet
- Authorized Visitors List; only if overnight program; final list required, 30 days prior to program start
- Authorization for a Minor Participant to Drive a Personal Vehicle
- Authorization to Transport a Minor
- Hygiene & Supervision Schedule: only if overnight program; final list required, 30 days prior to program start

For questions, form and document submissions remit to: risk@csumb.edu