



MINORS PROGRAM OR EVENT REGISTRATION FORM

It is the policy of Arcadia University that if a University faculty member, staff member, student, independent contractor, or volunteer is planning an event or program in which Children will participate, the following information must be provided to Public Safety prior to the commencement of such program, activity, service, or event. This includes, but is not limited to, athletic camps, academic camps, early learning programs/centers, individual lessons, competitions, clinics, conferences, outreach programs, research students, and any program that employs minors.¹

Date Submitted:

1. Program/Event Coordinator (Primary Contact)

First Name: _____

Last Name: _____

Title: _____

Department/Unit: _____

Email: _____

Phone Number: _____

Address: _____

2. Name of Program/Event: _____

3. Brief Description of Program/Event: _____

¹ This subsection does not apply to events or programs in which those Children who will participate are matriculated at Arcadia University as students unless also enrolled at a secondary school (i.e. dual enrollment), events or programs for which participating Children's parents/guardians are required to be present, events or programs otherwise open to the public and which may incidentally include Children (e.g. concerts, plays, athletic events), or the provision of patient care to Children. Other exemptions from the requirements set forth in this policy may be provided only if approved in writing by the Office of General Counsel.

4. Third Parties/External Entities Involved: _____
5. Date(s) of Program/Event: _____
6. Time(s) of Program/Event: _____
7. Location(s) of the Program/Event: _____
8. Estimated Number of Children Participating in Program/Event: _____
9. Age Range of Children Participating in Program/Event:

Early Childhood, Elementary School, Middle School, High School (*circle*)

10. Does Program/Event Requires Overnight Housing for Children? Yes / No (*circle*)
11. Does Program/Event Require Arcadia Transportation for Children? Yes / No (*circle*)

12. Names, Roles (faculty, staff, student, independent contractor, volunteer, other (specify)), Phone Numbers, and Email Addresses for Individuals Participating in Program/Event in a Supervisory Capacity:²

Name	Role	Phone Number	Email Address

² All faculty, staff, students, independent contractors, volunteers, and other individuals participating in the Program/Event in a supervisory capacity are required to comply with state law and Arcadia University policy concerning background checks and/or clearances and the mandatory reporting of suspected Child Abuse. The list of individuals contained in section (12) of this document must be provided to Human Resources, which ensures the completion of any necessary background checks and/or clearances for Arcadia University faculty, staff, and students. Other individuals participating in the event or program in a supervisory capacity, including independent contractors and volunteers, must, unless otherwise agreed, independently complete any necessary background checks and/or clearances and provide evidence of same to Human Resources. Documentation of such background checks and/or clearances shall be retained by Human Resources.

It is also the responsibility of the individual(s) managing the event or program to ensure that all faculty, staff, students, independent contractors, volunteers, and any other individuals who will be participating in the event or program sign an acknowledgement that they have read and understand the reporting requirements of this University Mandatory Reporting of Suspected Child Abuse and Protection of Minors Policy. The individual(s) managing the event or program are also responsible for consulting with the Office of General Counsel about whether any additional documentation is required (e.g. forms pertaining to informed consent, assumption of risk, and/or limitation of liability). It is the responsibility of the individual(s) managing the program to ensure that any such documents that are recommended are signed by Child participants' parents/guardians and filed with the Office of General Counsel.

Submitted By:

Name (Print)

Name (Sign)

Date