

Youth Program Registration Form

Date: _____

This form must be submitted at least
45 calendar days Prior to the event start date

Please submit to: Risk Management & Internal Control
Email: RiskManagement@csueastbay.edu

Program Information

Name of Program:

Program Type: ☐ CSUEB Program ☐ Auxiliary Program ☐ External Organization Program

Sponsoring CSUEB Department or Auxiliary:

Is This Program Co-Sponsored By a Non-University Entity? ☐ Yes ☐ No

If Yes, Provide The Following:

Name of Entity:

Contact Name:

Contact Email:

Contact Phone #:

Program Description & Details: (Please indicate if you will be using a laboratory)

Location(s):

Start Date & Time:

End Date & Time:

Estimated # of Participants Per Age Group:

Ages 4-5:

Ages 6-8:

Ages 9-14:

Ages 15-17:

Will There Be Any Overnight Stays? ☐ Yes ☐ No

If Yes, Please Provide Specifics: (Where, who will be in rooms, etc.)

Will Transportation Be Provided? ☐ Yes ☐ No

If Yes, Is/Are Vehicle/s: ☐ Owned ☐ Leased ☐ Other (Please explain):

If Yes, Please Provide Details:

List of Activities (Include any and all free time activities scheduled. **Attach additional pages if necessary**).

Depending on the number of participants and types of activities, Participant Accident Insurance may be required and will be paid by the organizer.

Program Supervisors' Information

Number of Program Chaperones: _____

Attach [Youth Program Chaperones sheet](#)

Program Director Information

Name:

Title:

Phone #:

Email:

Program Director Signature: _____

Date: _____

Risk Management Use Only

Reviewer Name:

Date Reviewed:

Event Approved: ☐ Yes ☐ No

PAI Insurance Required: ☐ Yes ☐ No

Reviewer Signature: