**LYNN UNIVERSITY**

**Protection of Minors on Campus Program Registration Form**  **GUIDE**

## Under the Lynn University Activities and Programs with Minor Children Participants Policy all sponsors of University programs or activities must complete this Registration Form and return it to the Office of Compliance no later than thirty (30) days prior to start of the Program. For additional information please see Programs with Minors checklist.

**I. General Program Information:**

1. **Please describe the Program below:**

* **(Name of Program)** for children ages **(Age Range)**. Camp hours are from **(Camp/Program Hours)** , **(Days of Operation)**.

## Brief description of program activities/ purpose.

**(Briefly Describe Program Here)**

*Ex. Children participate in a variety of games, activities, and sports. Each session is dedicated to give the children a healthy outlet for their energy, a fun environment to meet friends, and a safe place to be themselves.*

1. **Please list the employee(s) with primary responsibility for the Program.**
   1. (**Employee Name, Title email address)**

**2. (Employee Name, Title, email address)**

1. **Please list below names of all authorized adults participating in Program.**

**Note:** The term “authorized adult” refers to any university students, employees, independent contractors or volunteers who will supervise or otherwise have contact with minors in connection with the program. **Note**: NO persons listed below shall serve as an Authorized Adult unless and until they have completed a personal information disclosure form, an on-line training program and a background check in compliance with the Lynn University Activities and Programs with Minor Children Participants Policy (Policy Section 2.1.3)

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| **Name of Authorized Adult** | **Email Address** |
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**II. Supervision Plan:**

Please provide below or on separate sheet a description of the Supervision Plan to be followed by the program. Please note that the Lynn University Activities and Programs with Minor Children Participants Policy (Policy Section 2.1.3) prohibits any unobserved, unsupervised one-on- one contact between a minor and any Authorized Adult. A Supervision Plan must specify:

* The person having responsibility over all Authorized Adults serving in the Program;
* The proposed ratio of participants to Authorized Adults;
* The proposed number of Authorized Adults over 21;
* The breakdown of Authorized Adults by category of employees, students and volunteers; and
* Curfew, rules pertaining to any visitors, and limitations of use of free time in the event the Program involves any overnight stays.
* The (**Name and Title of Individual(s) Responsible for Authorized Adults)** will have responsibility of the Authorized Adults.
* The average ratio of children to counselors is **(Ratio Children to Counselors)** to ensure the safety of our minor participants.
* There will be **(# of Authorized Adults over 21)** Authorized Adults over the age of 21. All Authorized Adults have been selected through thorough evaluation.
* The Authorized Adults will be comprised of **(# Employees, # Students, # Volunteers)**.

## No unauthorized visitors will be allowed on the activity/program site unless they have been approved by the Director or Assistant Director of the activity/program

**III. Signatures:**

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|  | ( ) - | / / |
| Signature of individual completing Form | Contact number | Date |

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| Signature of Vice President or Dean | Contact number | Date |