

FAYETTEVILLE STATE UNIVERSITY
PROGRAMS INVOLVING MINORS
REGISTRATION FORM

Fayetteville State University requires all University programs involving minors (under the age 18) and all third-party programs on the University campus to be registered annually. This registration form must be completed to avoid cancellation of the program's activities. Please complete and return this form to Dr. Jane Smith, jsmit101@uncfsu.edu

- FSU campus-based program – registration due 30 days prior to program start
- FSU virtual program – registration due 30 days prior to program start
- 3rd party program – registration due 60 days prior to program start
- Addendum to an approved program

Program Sponsor: _____

Program Director Name: _____

Phone: (____) _____ **Email:** _____

PROGRAM DETAILS

Name of Program: _____

Description of Program: _____

Program Dates: Start date _____ End date _____

Type of Program: Academic Admissions Athletic Camp Service
 Space Rental Special Event Other _____

Is this a new program (*never operated before*)? Yes No **Years Operated** _____

Location(s) of Program/Activities (*Please list all, be specific*): _____

Does this program require overnight accommodations? Yes No

Does this program include an off-campus/off-site component? Yes No

(If YES, list off-site location(s)) _____

For virtual programs, please identify an alternate program manager with viewer access to all online sessions.

MINORS

Ages of Minors eligible to participate (Check all that apply): 0-5 6-12 13-17

How will the Minors participate? _____

Estimated # of participating Minors: _____ Estimated # of Minors residing on campus: _____

Does any part of the Program require transportation of Minors? Yes No

(If YES, please explain in detail how transportation will be provided) _____

PERSONNEL

Estimated Number and Type of Program Personnel: FSU Faculty or Staff FSU Students

Adult Volunteers Other, please specify _____

Will the program employ anyone or utilize volunteers under the age of 18? Yes No

(If YES, please explain) _____

Please provide the complete names and email addresses of all Authorized Adults working in the Program. Background checks must be conducted on each Authorized Adult prior to working with minors.

Also, each Authorized Adult must complete an annual training program no later than one week prior to working with minors. NOTE: The term "Authorized Adult" means an individual, 18 years and older, paid or unpaid, who works closely with, supervises, instructs, or otherwise comes into direct, non-incident contact with minors in the program. This does not include invited guest speakers, guest lecturers, or guest instructors whose interaction with minors is limited and only in the presence of an Authorized Adult.

My signature certifies that I am aware and understand that Fayetteville State University requires all adults working with Programs that serve Minors to have a current criminal background check completed and on file and to attend a mandatory training prior to working with Minors.

Upload this document in DocuSign, designate all signees (below) as approvers, with Dr. Jane Smith jsmit101@uncfsu.edu as final recipient.

Signature of Program Director _____ Date _____

Signature of Sponsoring Supervisor _____ Date _____

Signature of Dean or Vice Chancellor _____ Date _____

Authorized Adult's Complete Name	Email address