FAYETTEVILLE STATE UNIVERSITY
PROGRAMS INVOLVING MINORS
REGISTRATION FORM FOR UNIVERSITY PROGRAMS

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 or BCBE 130 no later than 60 days prior to your program’s start.

Department 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

□ Yes □ No Years Operated __________

Is this a new program (never operated before)? □ Yes □ No

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

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

(Section continues next page)
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)) ____________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

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 _____  FSU Staff _____
FSU Students _____  Adult Volunteers _____  Temporary Employees _____
Will the program employ anyone or utilize volunteers under the age of 18? Yes  No
(If YES, please explain) _________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
Please attach a list with 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.
(Section continues next page)
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-incidental 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.

______________________________________________  ____________________
Signature of Program Director                     Date

______________________________________________  ____________________
Signature of Unit/Department Chair                Date

______________________________________________  ____________________
Signature of Dean or Vice Chancellor              Date

Please forward completed forms and required information to Dr. Jane Smith, jsmit101@uncfsu.edu or Office for Adult Learners, BCBE 130.