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 **90 days prior to your program’s start**.

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**FSU Point of Contact’s Name:** ______________________________________________________________

**FSU Department/Unit:** _______________________________________________________________

**Phone:** (___) ______________________ **Email:** ____________________________

**Organization:** _______________________________________________________________

**Leader’s Name:** _______________________________________________________________

**Phone:** (___) ______________________ **Email:** ____________________________

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**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** ____________

(Section continues next page)
Campus Location(s) of Program/Activities *(Please list all)*:

____________________________________________________________________________________

____________________________________________________________________________________

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) ________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

(Section continues next page)
Background checks must be conducted on each Authorized Adult prior to working with minors. FSU maintains the right to audit all records of training and background check compliance of 3rd party programs.

Also, each Authorized Adult must participate in an annual training program 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-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 are to have a current criminal background check completed and on file and attend a mandatory training prior to working with Minors.

______________________________________________  ______________________________
Signature of Program Director                        Date

______________________________________________  ______________________________
Signature of FSU Point of Contact                     Date

Forward completed form to Dr. Jane Smith, jsmit101@uncfsu.edu
Fayetteville State University, BCBE 130, 1200 Murchison Road, Fayetteville NC, 28301