



Registration Form for Events Involving Children under the Age of 17

If you plan to sponsor or offer an on or off campus event involving children under the age of 17, the event most likely will be a considered a "Covered Activity" under the College's Child Protection Policy. In order to host a "Covered Activity", this form must be completed 3 weeks prior to the proposed event date and submitted to Melissa Paestella, Department of Campus Life, 135 Marano Campus Center or via email at: melissa.paestella@oswego.edu

*Covered Activities Definition: A program or activity sponsored or approved by the College or a College-affiliated organization, or an activity conducted by a third-party organization, occurring on or off campus, for the duration of which **the responsibility for custody, control, and supervision of children is vested in the College, College-affiliated organization, or third-party organization.** This definition does not pertain to child-care centers located on College premises nor any instructional activity directly related to enrollment in credit-bearing college courses.*

Date Submitted: _____

Part 1: Program/Activity Primary Contact

Name: _____

Title: _____

Department/Organization: _____

Address: _____

Phone Number: _____

Email: _____

Part 2: Program/Activity Information

Name of Program: _____

Description of Program:

Program Date(s): _____

Program Time: Start Time: _____ End Time: _____

Program Location(s): _____

Number of Minors Attending (please specify if estimating):

- Early Childhood Students (Pre-K): _____
- Elementary Students (Kindergarten – 6th grade): _____
- Middle School (7th grade – 8th grade): _____
- High School (9th grade – 12th grade): _____
- College Students (under age 17) _____
- Others (e.g., non-students under 17) _____

Male Female Both

International Students: Yes No

Will the students be accompanied and supervised by their parent/teacher/chaperone/guardian at all times during the program? Yes No

Program Coordinator Signature: _____

Date: ____/____/____

Office Use Only

<input type="checkbox"/> Registration received: ____/____/____	Initials: _____
<input type="checkbox"/> Program Approved: ____/____/____	Initials: _____
<input type="checkbox"/> Training/Assessment completed by ALL authorized covered persons: ____/____/____	Initials: _____
<input type="checkbox"/> ID's issued to ALL authorized covered persons: ____/____/____	Initials: _____
<input type="checkbox"/> Program schedule received: ____/____/____	Initials: _____
<input type="checkbox"/> List of participants received: ____/____/____	Initials: _____
<input type="checkbox"/> Registration completed: _____	Date: ____/____/____

