

# CALIFORNIA STATE UNIVERSITY, LONG BEACH RESEARCH FOUNDATION YOUTH ACTIVITIES, PROGRAMS AND CAMPS - SPONSOR FORM

LBCMP

LBFDN

For a Youth Activity (YA) to take place on University or Research Foundation property and prior to incurring any obligations on behalf of the University or the Research Foundation, all YAs must first be approved by the designated Appropriate Administrator. Please complete all questions below and submit the request form at least 60 days before the anticipated opening of registration for the YA.

Name of YA: \_\_\_\_\_

Program Director: \_\_\_\_\_

Program Director Email: \_\_\_\_\_ Program Director Phone: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Describe the nature of the YA: \_\_\_\_\_

Describe all activities that will take place (include YA itinerary):

Describe any off campus activities that involve transportation to or from campus, and the form of transportation that will be used:

Campus location(s) where YA will be held:

Will the YA provide campus housing to Chaperones and YA participants? (Housing in private homes is not allowed.)

Yes No

Total estimated number of YA attendees by age group:

Ages 9 and under \_\_\_\_\_ 10 - 12 \_\_\_\_\_ 13 - 14 \_\_\_\_\_ 15 - 17 \_\_\_\_\_ TOTAL YA Attendees \_\_\_\_\_

How will the proposed YA be funded? (i.e., participant registration, grant, etc.) \_\_\_\_\_

Chartfield to which all YA revenue and expense will be charged (if known) \_\_\_\_\_

(All YA revenue must be deposited into a Research Foundation or university chartfield)

Will credit card payments be accepted for this YA? Yes No

I certify that I have read and understand the campus policy on Youth Activities, Programs and Camps, and will adhere to all responsibilities described therein.

Program Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Sponsor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Level 3 or above)

X \_\_\_\_\_  
Tracey Richardson, COO (Approver)

**Note:** This sponsorship is in effect as long as there are no significant changes to attendance or activities in this event AND Program Sponsor signatory is present in the Level 3 administrator role.

# YOUTH ACTIVITY REVIEW STATEMENT AND DOCUMENT CHART

This checklist is to facilitate implementation of a Youth Activity. Additional details and assistance is provided on the Administrative Guideline.

Name of Youth Activity: \_\_\_\_\_

Program Sponsor: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Yes	No	N/A	Have you completed your required Youth Activities Sponsorship Form?
Yes	No	N/A	Have you coordinated with Human Resources in selecting Staff, Employees and Volunteers qualified to be Chaperons including: <ul style="list-style-type: none"> <li>• Hiring paperwork for employees and Volunteer paperwork for unpaid Chaperons</li> <li>• Background checks and interviews for all with direct control and supervision over minors or recurring event participation</li> <li>• Identified special certifications and paperwork, if required (aka pediatric CPR).</li> </ul>
Yes	No	N/A	Have you and your chaperons and volunteers completed the Chaperon Code of Conduct?
Yes	No	N/A	Have you and your chaperons supervising youth, completed the required training?
Yes	No	N/A	Have you verified you can meet your Chaperon Ratios? Two Chaperons present throughout Program regardless of total count and: <ul style="list-style-type: none"> <li>• 5 years and younger: 1:6 day activity, not permitted overnight activity</li> <li>• 6-8 years and younger: 1:8 day Program and 1:6 night Program</li> <li>• 9-14 years: 1:10 day Program and 1:8 for night Program</li> <li>• 15-18 years: 1:12 day Program and 1:10 for night Program</li> </ul>
Yes	No	N/A	Have you determined if Housing will be provided? (If yes, contact Housing)
Yes	No	N/A	Have you determined if Transportation will be provided? (If yes, contact your ASM)
Yes	No	N/A	Have you checked with your venue manager on insurance needs? (based on risk evaluation of event)
Yes	No	N/A	Have you collected all required forms and routed them to the appropriate Record Keeper as identified in Document Chart?
Yes	No	N/A	Have you or has your Venue Manager completed a Facilities Walk Through, emergency evacuation planning and inspection prior to Program Commencing?
Yes	No	N/A	Have you identified and notified all Chaperons and Youth Participants of meeting points for check in/check out, evacuation, food services, housing services, transportation , first aid/medical care, and safety equipment?

Program Director Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# DOCUMENT CHART

## REQUIRED

Type of Document	Persons Who Must Complete	Person Who Must Retain	Period of Time for Retention
Youth Activities Sponsorship Form	Program Sponsor	Event Management	Per EMS System Requirements
Review Statement (Basic Review or Extended Review)	Program Sponsor/Program Director	Event Management	Per EMS System
Chaperon Code of Conduct	Chaperons, Program Sponsors, Program Directors	Program Sponsor	1 year post event
Release of Liability	Legal Guardians of Youth Participants	Program Sponsor	3 Years post event
Photo Release	Legal Guardians of Youth Participants	Program Sponsor	3 Years post event
Voluntary Medical Disclosure & Emergency Contact	Legal Guardians of Youth Participants, if provided	Program Sponsor	During Event and immediately destroyed after

## RECOMMENDED

Type of Document	Persons Who Must Complete	Person Who Must Retain	Period of Time for Retention
Emergency Evacuation Plan	Program Sponsor	Program Sponsor	During Event and “may” destroy or reuse accordingly
Drop Off/Pick Up Designees	Legal Guardians of Youth Participants	Program Sponsor	During Event and immediately destroyed after

## ONLY IF APPLICABLE

Type of Document	Persons Who Must Complete	Person Who Must Retain	Period of Time for Retention
Evidence of Training	All Persons	Program Sponsor	3 years post event
Report 268 Incident Report	Injured Youth Participants	Risk Management	Per RM Recordkeeping Requirements
Form 270 Vehicle Accident Report	Injured Youth Participants	Risk Management	Per RM Recordkeeping Requirements
Form 274 Supervisors Review – Review of State Driver Accident	Injured Youth Participants	Risk Management	Per RM Recordkeeping Requirements
Workers Compensation Forms (Contact Human Resources)	Chaperons, Program Sponsors, Program Directors	ASM to provide to Workers’ Compensation Specialist	Per HR Recordkeeping Requirements