



Youth Program Registration Form

For programs that involve working with youth please complete the following and return to the Office of Risk Management at risk@csuchico.edu. If you have any questions regarding the completion of this form please contact our office, (530) 898-6588.

Name of program: _____

Department overseeing program: _____ **Contact Person:** _____

Contact email: _____ **Contact phone:** _____

Program start date: _____ **Program End Date:** _____

Frequency (check one): One-time: _____ Weekly: _____

Throughout the semester: _____ Annually: _____

Who will provide oversight of youth for duration of activity? (check all that apply)

Parent/Guardian: _____ K-12 School Chaperone: _____
CSUC Faculty, Staff, Students: _____ Other (please state): _____

If program or activity utilizes volunteers, check all that apply:

CSU, Chico employees: _____ Chico State Enterprises employees: _____

CSU, Chico students: _____ Community members: _____

Will CSU, Chico or Chico State Enterprises provide housing? Yes _____ No _____

If Yes, Location?

Residence Hall (name): _____

Hotel (name and address): _____

Homestay (address): _____

Other: _____