



Northeastern University

Registration Form for Programs for Minors

Prior to completing this Registration form, please review Northeastern University's Policy on Programs Involving Minors and the Code of Conduct for requirements and definitions of relevant terms. The completed form must be reviewed and approved by the head of the unit or department that is the program sponsor.

1. Name of Program and general description: _____

2. Program date(s) and time(s): _____

3. Program Sponsor or Student Organization: _____

4. If both, please explain: _____

5. Contact Name: _____ **Phone:** _____

E-Mail: _____

6. Leader/Director of Program or Event Coordinator (if different from contact):

Phone: _____ **E-Mail:** _____

7. Number of minor participants: _____ **Age range of minors:** _____

8. Location(s) of Program: _____

9. If Residence Halls are to be used, provide number of nights:

Continue to next page

10. PLANS AND PROCEDURES FOR NU. Program Sponsors must attach written plans and procedures that address the following:

Requirement	Response
1. Please outline your communications plans and notification information for participants and parents/guardians including plans for emergency contact and program disruption and withdrawal.	
2. Please outline your plans for dealing with medical emergencies.	
3. Please outline your transportation plans (if applicable).	
4. Please specify your supervision and staffing ratios.	
5. Please provide a copy of your Rules of Conduct for the minors participating in the Program.	

Continue to next page

11. SIGNATURES AND CERTIFICATIONS

Instruction: Before submitting the registration materials to the Office of Risk Services, the Program Registration form and all attachments must be reviewed and approved by the head of the Unit or Department, or CSI Program Manager if the organization that is the Program Sponsor is a recognized student organization.

I have reviewed and understand Northeastern University's Policy on Programs Involving Minors, and further acknowledge the responsibility as Leader or Director of a Program to provide a copy of the Policy to all Responsible Adults who will be interacting with minors in connection with the Program for which this registration is submitted.

I have reviewed this form and its attachments and approve and attest that it is complete:

Signature:

Date: _____

**Head of Unit/Director of Department or CSI
Program Manager if a Student Organization**

Print Name: _____ **Title:** _____

Signature:

Date: _____

Leader/Director of Program/Event Coordinator

Print Name: _____ **Title:** _____