MINORS ON CAMPUS Program Registration Form

After completion, please email to hr@scranton.edu

CRANTO	Name of program:	
THE NU	Brief description of	program:
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.1888		
Primary Contact Name:		Position:
Phor	ıe: ()	Email:
Secondary Contact Name:		Position:
Phor	ie: ()	Email:
Names of pe	rson(s) assisting the co	ntact person: (use additional pages if necessary)
Nam	e:	Phone:
Location(s) o	f Programs Activities:	ted before)? Yes No Years on Campus: Classrooms Residence Halls Rec Fields Other mpus/off-site component? Yes No (If YES, list off-site location(s)):
Ages of mino	rs eligible to participat	te: Check all that apply:
	Imber of minors: stered for each session:	: Residing in the residence halls
Waiver Requ	ested 🗖 Yes 🗖 I	No
Has a release	of liability been signed	d by all participants? 🗖 Yes 🛛 No
on the Unive University o	ersity's campus are to h f Scranton online trainin	of Scranton's Minors on Campus Policy requires all adults working with program(s nave a current criminal back ground check completed and on file, successfully pass ng module, read, sign and follow the required Code of Conduct and that all program ut and know how to report sexual/physical abuse or neglect and are obligated to

In order to meet the requirements of this policy, the registration form must be submitted to the Office of Human Resources at least thirty (30) days prior to the event.

Signature

Date