

University of Cincinnati

Protection of Minors on

Campus Program

Registration Form GUIDE

Under the University of Cincinnati's [Protection of Minors on Campus Policy](#), all sponsors of the University of Cincinnati “programs” involving minors must complete this Registration Form and return it to their Dean or Vice President for approval. The Registration Form and the Background Check Release Form(s) for each Authorized Adult are then sent to the HR Officer assigned to the School or department no later than thirty (30) days prior to start of the Program. The forms are to be sent to the Senior Director of Employee Relations so they can be maintained in a central data base. Please contact your Human Resources, Senior Director of Employee Relations, A&F Labor Relations & Employee Relations at the University of Cincinnati in the Human Resources Department at 513-556-0343 with any questions concerning this form or the registration process.

I. General Program Information:

a. Please describe the Program below:

- **Name of the Program:**
- **Age Range for Child(ren):**
- **Camp/Program Hours are from:**
- **Days of Operation:**

Briefly Describe Program Here

Ex. Children participate in a variety of games, activities, and sports. Each session is dedicated to give the children a healthy outlet for their energy, a fun environment to meet friends, and a safe place to be themselves.

b. Please list the employee(s) with primary responsibility for the Program.

1. Employee Name:

Title:

Email:

2. Employee Name:

Title:

Email:

c. Please list below names of all Authorized Adult Supervisors participating in Program.

Note: The term “Authorized Adult Supervisor” refers to any University of Cincinnati faculty, staff, students, volunteers, or any other individuals, age 18 or older, who will supervise or is otherwise responsible for the direct on-site care, physical custody or control of minors in connection with the program. Note: NO persons listed below shall serve as an Authorized Adult Supervisor unless and until they have completed a personal information disclosure form, a University of Cincinnati approved on-line training program and a background check in compliance with the University of Cincinnati’s Policy on the Protection of Minors on Campus.

Name of Authorized Adult Supervisor	Background Check Completion Date	University Approved Training Course Name/Completion Date	Email Address

II. Communication Plan:

Please provide below or on a separate sheet a description of Communication Plan to be followed by the program. The Communication Plan must include:

- A procedure for obtaining and maintaining contact information for participants’ parents/legal guardians, as well as emergency contacts in the event the parents/guardians are unavailable;
- A procedure for notification of all participants’ parents/legal guardians in the event of an emergency; and
- A procedure for parents and guardians to follow to contact program personnel and/or their child during program hours

Ex.

All contact information was provided to participants, parents/legal guardians through the summer camp registration form. Parents/legal guardians can also access their children directly (by calling camper’s cell phones) or indirectly, by contacting (Employee(s) with Primary Responsibility, Title) at (Phone Number). Our staff will maintain the list of parent/legal guardian contact information.

At time of registration parents/guardians will be required to complete an emergency contact form. This information will provide contact information for parents/guardians along with designated emergency contacts.

In an emergency, summer staff/counselors are expected to notify student’s parent/legal guardian and keep them updated about situations.

There is no specific restriction on parent/legal guardians contacting summer program personnel regarding questions relating to program.

III. Medical Emergency Plan:

Please provide below or on a separate sheet an outline of the Medical Emergency Plan to be followed by the Program. The Medical Emergency Plan shall include:

- A procedure for obtaining and maintaining (i) authorization from all participants' parents/legal guardians to transport program participants to local hospitals as deemed necessary; and (ii) authorization for emergency medical treatment in the event the parents/legal guardians or their designated emergency contact are not available;
- A procedure for obtaining and maintaining disclosures of any allergies or other medical condition or physical limitation that might impact participation in the Program; and
- A procedure to administer medication to program participants as necessary during program hours.

Ex.

As part of the registration process a medical release form must be provided to authorize the program/ camp staff or volunteers to render first aid and permission to transport child to closest hospital. Prudent attempts will be made to contact the parent/guardian immediately.

Parent/guardian must complete the medical form outlining any allergy, medical condition, or physical limitation that might impact their child during the program.

When a staff member finds symptoms of sickness of a child/camper, he/she is required to call 911, in case of emergency, and bring child to nearby hospital. If it is not an emergency situation, staff member(s) is required to report the symptom(s) to the Director of Camp Activity, or medical staff, whoever is available first.

IV Supervisor Plan:

Please provide below or on separate sheet a description of the Supervision Plan to be followed by the program. Please note that absent an exception, the policy on the Protection of Minors on Campus prohibits any unobserved, unsupervised one-on-one contact with a minor. See Policy for definition of One-on-One Contact. A Supervision Plan must specify:

- The person having responsibility over all Authorized Adult Supervisors serving in the Program;
- The proposed ratio of participants to Authorized Adult Supervisors;
- The proposed number of Authorized Adult Supervisors over 18;
- The breakdown of Authorized Adult Supervisors by category of employees, students and volunteers; and
- Curfew, rules pertaining to any visitors, and limitations of use of free time in the event the
- Whether the Program involves any overnight stays.

Ex.

The (Name and Title of Individual(s) Responsible for Authorized Adult Supervisors) will have responsibility of the Authorized Adult Supervisors.

The average ratio of children to counselors is (Ratio Children to Counselors) to ensure the safety of our campers.

There will be (# of Authorized Adult Supervisors over 18) Authorized Adult Supervisors over the age of 18. All Authorized Adult Supervisors have been selected through thorough evaluation.

The Authorized Adult Supervisors will be comprised of (# Employees, # Students, # Volunteers).

No unauthorized visitors will be allowed on the camp site unless they have been approved by the Director or Assistant Director of the camp.

As part of the registration process parent/legal guardian(s) must provide an Authorized Release form to the camp staff, listing the names of individuals authorized to drop off and pick up campers, including emergency or early release situations. No camper will be released to the custody of an individual not listed on the form.

At no time are campers transported off site other than for authorized emergency purpose (see emergency plan)

VI Signatures:

_____	(-----) _____ / / _____
Signature of individual completing form	Contact number Date

_____	(-----) _____ / / _____
Signature of Vice President or Dean	Contact number Date