

EVENT REGISTRATION FORM

IDENTIFY A PROGRAM ADMINISTRATOR

Name*

Email*

Phone*

DESCRIPTION OF PROGRAM ACTIVITIES

Event Name*

Event Date(s)*

Start Date	to	End Date
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ODU Affiliation

Event Location*

Description of Activities*

Event Website

optional

Anticipated Number of Participants**Minimum Age****Maximum Age****LIST ALL AUTHORIZED ADULTS/PROGRAM STAFF***Must be 18 years of age and older***+ ADD****Name****Type**

PLEASE CONFIRM THAT THE FOLLOWING ITEMS HAVE BEEN COMPLETED BY CLICKING IN THE BOX PROVIDED. THESE ITEMS MUST BE COMPLETED BEFORE YOUR EVENT CAN BE REGISTERED ON THIS SYSTEM. I UNDERSTAND THAT AS THE EVENT/PROGRAM ADMINISTRATOR, I WILL PRODUCE PROOF AND/OR DOCUMENTATION OF THE BELOW ITEMS UPON REQUEST BY UNIVERSITY ADMINISTRATION.

- I certify that all Authorized Adults/Program Staff listed above has completed and provided proof and/or documentation of completion of background clearances and required training.*
- I certify that each Authorized Adult/Program Staff listed above have been trained with regard to their responsibilities as mandatory reporters, this event's Safety and Security Plan and the Codes of Conduct for both adults and participants.*

- I certify that a Safety & Security Plan, minimally consistent with all items listed in the Program Administrator Guide, has been created specific for this event and has been communicated to Authorized Adults/Program Staff.*
- I certify that each participant has completed and submitted all forms relevant to this event, according to the Program Administrator Guide.*
- I certify that all necessary insurance and other related paperwork for the use of University facilities has been completed and approved by University Administration.*
- I certify that a Record Retention Plan exists for this event and the documents noted above will be maintained in accordance.*
- I certify the above representations are true and accurate.*

Submitted by:

Print Name

Signature

Date

SUBMIT