



Elizabethtown College

# Working with Minors Packet

The following six (10) page **Registration of Minors on Campus Form** must be completed no later than thirty (30) days prior to the start of the Clinic/Program at Elizabethtown College, and returned to:

Elizabethtown College  
Special Events & Summer Programs  
One Alpha Drive  
Elizabethtown, PA 17022

**OR**

Electronically to: [SESP@etown.edu](mailto:SESP@etown.edu)

Please direct questions to the Special Events & Summer Programs Office phone 717.361.1418.



## **Registration of Minors on Campus Form**

### **Covering Minor Participation in College Programs and Events**

**INSTRUCTIONS:** Under the Elizabethtown College [Policy Regarding Minors on Campus](#), if a College program or event involves the participation of minors, this form must be completed with the required signatures and submitted to the Director of Human Resources, no later than 30 days prior to the start of the Program or Event. College Program/Event organizers will be responsible for communicating with the high school or minor associated group or individuals and providing them with a copy of the College's **Policy Regarding Minors on Campus** and the appropriate Release and Consent Forms included in the Working with Minors Packet. Please contact the Director of Human Resources or the Human Resources Office at 717-361-1406 with any questions concerning this form or the registration process.

**DEFINITION OF A MINOR**—A minor under Pennsylvania law, is an individual under the age of 18 years. For the purposes of this policy, minors on the College campus are children under 18 years of age participating in programs, internships, camps or activities on campus, whether or not it is a college sponsored program or through a third party.

#### **I. GENERAL PROGRAM INFORMATION**

**Name of Department Organizing the Program/Event:**

Dept.: \_\_\_\_\_, Elizabethtown College, One Alpha Drive, Elizabethtown, PA 17022

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Name of Program/Event:**

Clinic: \_\_\_\_\_

Name of Director: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dates of Program/Event: \_\_\_\_\_

How will the Minors Participate in the Program/Event?

\_\_\_\_\_

**Who will be the “Authorized Adults” Supervising or Accompanying the Minors while participating in the Program/Event?** (Please list below, or use a separate sheet).

**Authorized Adult**—An authorized adult is an adult, age 18 or older, who is authorized, pursuant to this policy, to supervise, or otherwise have **Direct Contact** with, minors participating in a Program. All College employees, students, independent contractors, and volunteers (including but not limited to, Faculty, Staff, Students, Tutors, Instructors, Supervisors, Coaches, Camp Counselors, Program Directors, Chaperones, Volunteers, Third Party Contractors, Vendors, and Temporary/Seasonal Workers) acting as authorized adults must be in compliance with the requirements of the provisions of this Policy entitled “**Individuals Acting as Authorized Adults.**” Although a parent or legal guardian may supervise their own minor children and their guests who are minors while visiting the campus or using campus facilities, a parent or legal guardian may not act as an Authorized Adult in a Program (including one in which his or her child participates) unless they are in compliance with the requirements outlined below under “**Individuals Acting as Authorized Adults.**” Authorized Adults are considered Required Reporters.

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**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.

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**Signatures**

**Program/Event Organizer:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Elizabethtown College:**

**Special Events & Summer Programs:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Director of Human Resources:** \_\_\_\_\_ **Date** \_\_\_\_\_

Copies To:  
Program/Event Organizer  
SESP, as appropriate  
Protection of Minors File

**Working with Minors – *SAMPLE FORM* (We recommend you create a similar form which will authorize you to obtain background information on the camp/conference authorized adults).**

**Criminal Background Check Information & Inquiry Release For Students and Volunteers**

Elizabethtown College’s Policy Regarding Minors on Campus provides that employees, students, volunteers, and third party contractors who are expected to work directly with minors are required to successfully complete a criminal background screening prior to beginning any assignment involving minors and to participate in required training. This requirement is fulfilled for staff and faculty under the College’s Background Checks Policy, and **third party contractors are required to screen their own employees prior to beginning any such assignment.**

I understand that I am covered by the Policy Regarding Minors on Campus as a student or volunteer who may be working directly with minors, and I understand that my consent to such criminal background screening is a condition of my initial and continued participation in any College program involving minors. I have carefully read the Policy Regarding Minors on Campus and this Consent and Release Form, and I hereby consent to such criminal background screenings, including those performed by any consumer reporting agency at the College’s request. This consent will continue to apply throughout the period of my participation in any such College program to the extent permitted by law.

Reports prepared by a consumer reporting agency based on its criminal background screenings may constitute consumer or investigative consumer reports as defined in the Fair Credit Reporting Act. Such reports may include federal, state or local criminal history records or information pertaining to me, and other information concerning my education, qualifications, work experience, character, general reputation, personal characteristics and/or mode of living. I hereby authorize any consumer reporting agency to release and disclose, verbally and in writing, these reports and this information to authorized representatives of **[camp/conference name]** within the terms of the Policy Regarding Minors on Campus.

I hereby authorize all persons and entities including, without limitation, educational institutions, my current and former employers, government agencies and police departments, to disclose and provide all relevant records and information requested by a consumer reporting agency or Elizabethtown College as part of any criminal background screening obtained pursuant to the Policy Regarding Minors on Campus; and I hereby forever release and discharge (1) Elizabethtown College, (2) any consumer reporting agency that performs any criminal background screening at the College’s request pursuant to the Policy Regarding Minors on Campus, and (3) any person or entity including, without limitation, any educational institution, my current and former employers, any government agency or police department that discloses or provides records or information requested by Elizabethtown College or any consumer reporting agency as part of a criminal background screening obtained pursuant to the Policy Regarding Minors on Campus (collectively, the “Releasees”), as well as all of the Releasees’ trustees, directors, officers, employees and representatives, from any claims, suits, damages, losses, liabilities, costs or expenses arising as the result of or in any way related to their participation in the performance of any background check, information verification, and/or other action taken pursuant to the Policy Regarding Minors on Campus, to the fullest extent permitted by law.

I hereby certify that the information I have provided below is true and complete to the best of my knowledge. I understand that if any such information is materially false or incomplete, it will be sufficient cause for termination of my participation as a student or volunteer in any Elizabethtown College program covered by the Policy Regarding Minors on Campus, now or in the future. I agree that this Consent and Release Form, in original, faxed, photocopied or electronic form, will be valid for any criminal background screening, reports or other purposes under the Policy Regarding Minors on Campus.

Print Full Name \_\_\_\_\_ Date of Birth\* \_\_\_\_\_

Social Security # \_\_\_\_\_ Driver’s License # \_\_\_\_\_

Maiden Name \_\_\_\_\_ Other Names Used \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Date of birth is being requested only for the purposes of identification in obtaining accurate retrieval of records and it will not be used for discriminatory purposes.



# Working with Minors

## Adult Participant Information & Waiver Form

The information collected in this form is confidential and will only be shared in a medical emergency. Please complete all fields.

### Attendee Information

Participant's Full Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

### Emergency Contact Information

(Contact #1) Name: \_\_\_\_\_ Relation to Participant: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_  
Work Phone Number: \_\_\_\_\_ Place of Employment: \_\_\_\_\_  
(Contact #2) Name: \_\_\_\_\_ Relation to Participant: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_  
Work Phone Number: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

### Waiver/Release Information

I understand and agree that I am responsible for arranging my own health, accident, and liability insurance, and that no such insurance is provided by \_\_\_\_\_ [insert Conference/Organization] and/or Elizabethtown College.

I hereby authorize the employees and/or agents of \_\_\_\_\_ [insert Conference/Organization] and/or Elizabethtown College, at their sole discretion, to secure such medical advice and/or services as may be deemed necessary for my health and safety, and I agree to accept full financial responsibility for such advice or services.

**RELEASE AND INDEMNIFICATION. FOR MYSELF AND ALL THOSE WHO MAY CLAIM THROUGH ME OR IN MY PLACE, AND IN EXCHANGE FOR AND IN CONSIDERATION OF \_\_\_\_\_ [insert Conference/Organization] AND ELIZABETHTOWN COLLEGE PERMITTING ME TO PARTICIPATE IN THIS CONFERENCE AND RELATED ACTIVITIES, I HEREBY ASSUME ALL THE RISKS OF INJURY ASSOCIATED WITH THIS CONFERENCE AND RELATED ACTIVITIES AND AGREE TO RELEASE, HOLD HARMLESS, AND INDEMNIFY \_\_\_\_\_ [insert Conference/Organization] AND ELIZABETHTOWN COLLEGE, AND THEIR OFFICERS, AGENTS, AND EMPLOYEES FROM ANY AND ALL LIABILITY, ACTIONS, CAUSES OF ACTION, NEGLIGENCE, CLAIMS OR DEMANDS OF ANY NATURE WHATSOEVER THAT MAY ARISE BY OR IN CONNECTION WITH MY PARTICIPATION IN THIS CONFERENCE AND RELATED ACTIVITIES.**

*In signing this document I acknowledge that I am 18 years of age or older, that I have read it, that I understand it, that I have signed it knowingly and voluntarily, and that I accept and intend to be legally bound by its terms.*

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Name Printed: \_\_\_\_\_

**This form must be completed, printed, and mailed, emailed (scanned as a PDF file), or faxed to the Conference/Camp Director.**

# **Working with Minors**

## **Minor Participant Information & Waiver Form**

*The information collected in this form is confidential and will only be shared in a medical emergency. Please complete all fields.*

### Attendee Information

Participant's Full Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

### Emergency Contact Information

(Contact #1) Name: \_\_\_\_\_ Relation to Participant: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_  
Work Phone Number: \_\_\_\_\_ Place of Employment: \_\_\_\_\_  
(Contact #2) Name: \_\_\_\_\_ Relation to Participant: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_  
Work Phone Number: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

### Insurance Information

Health Insurance Company Name: \_\_\_\_\_  
Policy or Member ID Number: \_\_\_\_\_ Group Number: \_\_\_\_\_  
In whose name is the insurance listed: \_\_\_\_\_

### Medical Information

Is your child under medical treatment:      Yes \_\_\_\_\_      No \_\_\_\_\_  
List condition(s): \_\_\_\_\_  
Please list any medications your child currently takes:  
Prescription: \_\_\_\_\_  
Over the counter: \_\_\_\_\_  
Can your child self-medicate? \_\_\_\_\_  
Please check pain reliever that may be given:    Tylenol \_\_\_\_\_    Ibuprofen \_\_\_\_\_    Other \_\_\_\_\_  
Name of Family Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
List any physical conditions and explain treatment:  
\_\_\_\_\_

Please list any pre-existing conditions or medical concern(s) that would limit your child's participation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medication Permission**

\_\_\_\_\_ has brought/will bring the following medications with him/her. He/she has my  
(name of participant)  
permission to use them. He/she may not share them with anyone else.

Medications:

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_, am aware that I may NOT share any medications with other participants.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medical Treatment Authorization**

In the event that medical treatment for my child is required, I authorize a representative of \_\_\_\_\_ [Insert  
name of camp/conference] to take my child to be treated at a nearby hospital. I also understand that my insurance is primary if medical  
treatment is rendered.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Waiver/Release Information**

In consideration for the permission granted by \_\_\_\_\_ [insert name of camp/conference] for Minor to  
participate in this Event, on my behalf and on behalf of the Minor, and each of my and the Minor's heirs, executors, and administrators, I hereby **waive and release**  
any and all causes of action, claims, suits, damages, and judgments, in any form whatsoever, arising from or by reason of any and all known or unknown, foreseen  
or unforeseen bodily or personal injuries (including death) or property damage, resulting from the Minor's participation in the Event and related activities, against  
Elizabethtown College and \_\_\_\_\_  
[insert name of camp/organization], and their employees, administrators, trustees, volunteers, and agents.

IN WITNESS WHEREOF, and intending to be legally bound, I have executed this document below.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**This form must be completed, printed, and mailed, emailed (scanned as a PDF file), or faxed to the Director of the Program.**