



CALIFORNIA STATE UNIVERSITY, STANISLAUS
Camps or Clinics Risk Assessment

Date:

Please submit to:

This form **must** be submitted *at least*
14 calendar days prior to the event start date:

UPD, Attn: Safety & Risk Management
 Fax: 209.667.3104; email: Risk@csustan.edu

Program Information

| | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------|-------------|------------------|--|
| Name: | | | Department: | | |
| Location (i.e.: Campus, resort, civic center, etc.): | | | | | |
| Brief Description: | | | | | |
| Start Date: | | End Date: | | Total # of Days: | |
| Will there be any overnight stays? | | If yes, please provide specifics: | | | |
| Will there be transportation provided? | | If yes, please provide specifics: | | | |
| If yes; Is/Are vehicle/s <input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Other (please explain): | | | | | |

Participant Information

| | | | | | | | |
|-----------------------------|--|------|--|------------------------------|--|-------------------------|--|
| Age or age range: | | Sex: | | Estimated # of participants: | | # of Adult Supervisors: | |
| Names of Adult Supervisors: | | | | | | | |

Coordinator Information

| | | | | | |
|----------|--|--------|--------|--------|--|
| Name: | | | Title: | | |
| Phone #: | | Fax #: | | Email: | |

Is the program Co-Sponsored by a non-University entity? If yes, provide the following:

| | | | | | |
|-----------------|--|----------------|---------------|--|--|
| Name of entity: | | | Contact Name: | | |
| Contact Phone: | | Contact email: | | | |

List of Activities (Including ANY AND ALL FREE TIME activities scheduled) **Attach additional pages if necessary:**

NOTE: In addition to this assessment form, please provide copies of the camp/clinic itinerary, info flyers/brochures, parental permission forms, and anything containing liability waiver statements.