



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:

Safety & Risk Management
 Fax: 209.667.3350; 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.