

Program for Minors Verification Forms



Submit this form to Risk Management Services no less than one week prior to the start date of the camp. This form can be delivered to RMS at 700 North Texas Blvd, or faxed to (940) 565-4919.

NAME OF PROGRAM: _____

PROGRAM DIRECTOR: _____ PHONE: (_____) _____

The Program Director must initial in the space provided beside each item listed below to indicate compliance with the item listed.

- 1) Standard Operating Procedures have been reviewed and the program is in compliance with all requirements _____
- 2) Program Information form has been submitted to Risk Management Services (RMS) _____
- 3) All Program Staff have completed the Sexual Abuse and Child Molestation training and examination _____
- 4) All Program Staff have completed the Criminal Background Check Form and completed forms have been submitted to RMS _____
- 5) A Certificate of Insurance has been obtained from any third party co-sponsoring organization and is on file with RMS if applicable _____
- 6) Appropriate insurance has been arranged through RMS _____
- 7) A Risk Assessment Worksheet has been completed and potential exposures resolved with RMS _____
- 8) All Program Staff have received and reviewed the _____
- 9) All Program Staff have received training in accordance with the Standard Operating Procedures _____
- 10) A Medical Information and Release form has been obtained for each Camp Participant _____