



UWL's Youth Activity Acknowledgement Form

(Note: This form should be initiated and signed by the Program Director and approved by the appropriate supervisor(s) and forwarded to UWL's Youth Protection and Compliance Office. Within Academic Affairs the program director, chair and Deans sign this form. For all other non-academic Divisions, the program and unit director and the Vice Chancellor for the other Divisions of UWL. The form should be received 30 days prior to the advent of the youth activity).

The youth activity/program named _____
will be held under the auspices of the University of Wisconsin-La Crosse:
Start date: _____ End date: _____
Location(s): _____

Expected age range or participants: _____ Expected number of youth participants: _____

Purpose / goals / anticipated outcomes of this youth activity

_____.

The ongoing UW faculty/staff designated to oversee this youth activity:

Program Director: Name _____ NetID _____
Phone _____ Email (uwla.edu) _____
Campus Unit _____
Campus Role _____

As Program Director, I understand:

- that the responsibilities of hosting this youth activity include compliance with University, State, and Federal requirements and protections for minors under age 18.
- that the budget for this activity must include planning for sufficient financial and human resources to ensure that the youth activity can successfully take place in alignment with the youth protection guidelines.
- that expenses associated with this youth activity may include but are not limited to meeting space, transportation, parking, food, technology, fees, and personnel.
- that all UWL-affiliated staff serving minors must be screened according to required HR/Title IX processes and that this process must be documented.
- that risk management and insurance requirements must be met and that cybersecurity protocols must be followed for data handling and record retention.
- that a youth activity cannot be hosted until all items are deemed complete and in compliance with the Director for Title IX & Compliance and Pre-College Liaison.

I understand that I am expected to be trained to act in alignment with UWL's Youth Protection protocols. Furthermore, I understand that I am obligated to report any violations or other incidents reported to me. I will report to authorities and understand that incidents may be escalated based on the nature of the incident.

Signature of Program Director: _____ Date: _____



Department Chair/Director/Preauthorized Designee (academic and non-academic departments):
 I am aware that this youth activity is occurring related to the department or faculty/IAS associated with the department. I understand that I am obligated to report any violations or other incidents reported to me. I will report to authorities and understand that incidents may be escalated based on the nature of the incident.

Print Name: _____

Signature of Chair /Director/Preauthorized Designee: _____ Date: _____

Youth Activity Final Acknowledgement: *Print Name* _____
School / College / Division _____

I confirm the following:

- A. INTENTIONALITY / ALIGNMENT WITH UWL MISSION
 I agree the stated goals align with priorities of my School/College/Division and the university's mission.
- B. OVERSIGHT ROLE
 I understand that my obligation is to support the Program Director to ensure appropriate functions are completed related to youth protection. I understand that the Program Director is accountable for collaborating with the Pre-College Liaison to ensure that appropriate functions are completed related to youth protection.

Furthermore, I understand that I am obligated to report any violations or other incidents reported to me. I will report to authorities and understand that incidents may be escalated based on the nature of the incident.

I understand that the responsibilities of hosting this youth activity include compliance with University, State, and Federal requirements and protections for minors under age 18.

 Dean or Vice Chancellor

 Date