

**APPLICATION AND RISK ASSESSMENT FORM FOR  
ACTIVITIES INVOLVING MINORS AT THE CITADEL**

*The Program Director must complete this form.*

**PROGRAM DIRECTOR**

**1. NAME of PROGRAM:** \_\_\_\_\_  
Website Address: \_\_\_\_\_  
Date of Application: \_\_\_\_\_

**2. CONTACT INFORMATION FOR PROGRAM DIRECTOR**  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Evening Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

**3. CONTACT INFORMATION FOR ASSISTANT DIRECTOR OR OTHER ALTERNATE**  
Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_

**4. COORDINATING CITADEL OFFICIAL [if any]**  
Name: \_\_\_\_\_ Department: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

- 5. REVIEWING VICE PRESIDENT [Check one.]**
- Provost:** Reviews all academic enrichment programs.
  - Commandant:** Reviews all military and leadership programs.
  - Director of Athletics:** Reviews all sports-related programs.

- 6. THE PROGRAM IS A... [Check one.]**
- Citadel-sponsored Program
  - Citadel employee, independently sponsored Program (i.e., Coach's Athletic Program)
  - Third-party Program: any program, which is not affiliated with or sponsored by The Citadel or a Citadel employee.

- 7. TYPE OF PROGRAM [Check one.]**
- Academic Program (Please describe): \_\_\_\_\_
  - Athletic Program
  - Leadership Training (e.g. JROTC)
  - Other (Please describe): \_\_\_\_\_

- 8. PROPOSED CAMPUS LOCATION [check all that apply]**
- |  |   |
|--|---|
| <input type="checkbox"/> Barracks: _____                 | <input type="checkbox"/> Johnson Hagood Stadium |
| <input type="checkbox"/> Deas Hall                       | <input type="checkbox"/> Summerall Field        |
| <input type="checkbox"/> McAlister Field House           | <input type="checkbox"/> Wilson Field           |
| <input type="checkbox"/> Washington Light Infantry Field |   |
| <input type="checkbox"/> Other (Specify Location): _____ |   |

**9. DATES, DAYS, COUNSELORS AND PARTICIPANTS**

Session Number	1	2	3	4	5
Proposed Dates MM-DD-YYYY format					
# of Days					
Age of Minors					
Number of Minors					
Number of Counselors					

**10. INDICATE WHETHER THIS PROGRAM IS [Checkone.]**

- Day Program only [Skip to #11]
- Overnight Program where participants are housed overnight at The Citadel.
  - Participants will stay on-campus.  
Indicate requested campus location: \_\_\_\_\_
  - Participants will be housed in off-campus lodging arranged by the Program Director.  
Provide the name of the facility: \_\_\_\_\_
  - Participants will be responsible for arranging their own off-campus housing.  
Please explain: \_\_\_\_\_

**11. INSURANCE**

- Citadel-sponsored Programs, as identified in #6 above, receive general liability insurance coverage through The Citadel’s policy with the SC Insurance Reserve Fund. Those programs are also eligible to purchase accidental medical coverage through The Citadel’s recommended Insurance Plan.
- All other Programs must purchase a commercial General Liability Policy and Accidental Medical Insurance Policy. These policies must list “*The Citadel, the State of South Carolina, their officers, directors, servants, agents and employees*” as additional insureds with limits of at least \$1,000,000 per occurrence and \$3,000,000 aggregate (for day programs only) or \$5,000,000 aggregate (for high risk or overnight programs). Coverage must include sexual molestation coverage (\$1,000,000). Medical Expense Reimbursement (Med Pay) should be \$5,000 per individual. Additional amounts may be necessary, per the recommendation of the Director of Environmental Health and Safety or the discretion of the Vice President for Finance.
  - Citadel-sponsored Program: General Liability Insurance provided by The Citadel’s policy with SC Insurance Reserve Fund.
  - Citadel employee, independently sponsored Program (i.e., athletic Program) or Third Party Program: General Liability Insurance will be provided through \_\_\_\_\_.

**(Along with this form, submit a copy of the Certificate of Insurance)**

**12. RISK ASSESSMENT**

Program directors must consider the full impact of all activities conducted during a program, assume responsibility, and take appropriate measures to reduce or to eliminate the potential for exposure of program participants to reasonably foreseeable risks and hazards. This risk assessment tool cannot encompass all of the possible scenarios for program activities and risks. Therefore, directors are called upon to exercise due diligence in designing program activities to address risk and safety considerations for all participants. Program directors are required to obtain and to review the latest edition of the American Camp Association’s (ACA) Accreditation Guide, available through the ACA’s website at [www.acacamps.org](http://www.acacamps.org), and at a minimum, comply with the ACA “Mandatory Standards”. Program directors can seek assistance from The Citadel’s Director of Environmental Health and Safety at 843-953-4816, [EHS@citadel.edu](mailto:EHS@citadel.edu) and/or The Citadel’s Child Protection Officer at 843-953- 6881, [Child.Protection@citadel.edu](mailto:Child.Protection@citadel.edu) for specific questions.

**13. SCHEDULING**

Is all program time scheduled (minimal or no free time)? **[Check one.]**

- Yes **[Skip to #14 and submit a detailed itinerary along with this form.]**
- No **[Complete following table for free time periods.]**

Free Time Period	Location of Participants	Supervision Arrangements

**\*For additional Free Periods, attach a separate sheet with information above**

**14. PHYSICAL ACTIVITY**

Does this program include physical fitness activities? (e.g. running, jumping, swimming, climbing at heights greater than six (6) feet, lifting weights, contact or field competition) **[Check one.]**

- Yes **[List physical activity below and have [Annex B, Form 6](#) completed by the Physician of each minor and counselor.]**
- No **[Skip to #15.]**

**\*For additional Physical Activities, attach on a separate sheet with information above**

**15. TOOLS**

Do any of the activities in this program involve the operation of hand tools such as saws, knives, hand drills, scissors, scalpels, etc.? **[Check one.]**

- Yes **[Complete the following table.]**
- No **[Skip to #16.]**

Type of Equipment	Location When Not In Use	Tool Supervisor	Experience of Supervising Official

**\*For additional Tools, attach on a separate sheet with information above**

**16. WEAPONS**

Will any activity of this program involve participant use of, or access to, firearms, bows and arrows, pressurized projectiles, or other similar implements? **[Check one.]**

- Yes **[Complete the following table.]**
- No **[Skip to #17.]**

Type of Equipment	Weapon Inspection date & Official	Location When Not In Use	Weapon Supervisor	Supervisor Qualifications	Specific Activity	Activity Location

**\*For additional Weapons, attach on a separate sheet with information above**

**17. CHEMICALS**

Will any activity involve the use of chemicals, flammable or noxious gases, or similar dangerous substances? **[Check one.]**

- Yes **[Complete the following table.]**
- No **[Skip to #18.]**

Chemical Or Gas	Location / Security Of Chemicals When Not In Use	Program Official Who Will Provide Supervision	Training Or Qualifications For Supervising Official	Specific Activity	Activity Location

**\*For additional Chemical, attach on a separate sheet with information above**

**18. WATER ACTIVITIES**

Will any activity involve water sports (diving, swimming, scuba, wading, etc.)? **[Check one.]**

- Yes **[Complete A - C.]**
- No **[Skip to #19.]**

**A. NAME of WATER ACTIVITY COORDINATOR: \_\_\_\_\_**

The aforementioned person will be present at and coordinate all water activities, including the assessment of swimming proficiency of each participant.

**QUALIFICATIONS of WATER ACTIVITY COORDINATOR**

(American Red Cross certificates, or equivalent, WSI certificate, lifeguard experience, etc., please include dates of certificates, experience, etc.)

\_\_\_\_\_

**If applicable, submit copy of the certificate(s) along with this form.**

**B. LIST OF WATER ACTIVITIES**

Complete the following table for all water activities that will occur as part of the program.

Activity	Number Of Participants	Location Of Activity	Number Of Lifeguards	Lifeguard Qualifications

**\*For additional water activities, attach on a separate sheet with information above**

**C. WATER ACTIVITIES WHICH WILL NOT OCCUR AT THE CITADEL**

For any water activities listed in #18.B above, which will not take place in the Deas Hall pool at The Citadel, complete the following table.

Activity	Number of Participants	Location	Investigation Or Inspection Conducted	Date Of Inspection	Inspecting Official

**\*For additional Water Activities Off-Campus, attach on a separate sheet with information above**

**19. HOUSING**

Will program participants be housed overnight, either on campus or off campus? **[Check one.]**

- Yes **[Complete A - D.]**
- No **[Skip to #20.]**

**A. HOUSING LOCATION at THE CITADEL: \_\_\_\_\_**

**B. OFF CAMPUS HOUSING LOCATION:** \_\_\_\_\_

**C. HOUSING PLAN**

Describe the housing plan, including but not limited to: room assignment plan, room check-in and check-out procedures, curfew times, overnight supervision, visiting restrictions, and lost / unaccounted-for-participant procedure. (**Note:** Program plans must include prohibitions against participants visiting in staff-members rooms, except on official business. Also, counselors should never be alone with participants.)

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

**D. SAFETY COORDINATOR(S)**

Identify the individual who will provide instruction on security, loss prevention, emergency exit locations and procedures, and other housing-related safety and security issues. Please describe that person's qualifications.

**NAME:** \_\_\_\_\_

**ADDRESS/LOCATION DURING PROGRAM:** \_\_\_\_\_

**PHONE NUMBERS: Office:** \_\_\_\_\_ **Home:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**QUALIFICATIONS:** \_\_\_\_\_

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

In situations where groups of minors bring their own adult counselor or supervisor (Example: coaches, drill team advisors, guidance counselors), identify the individual who will brief these counselors/supervisors on safety, program established expectations, program rules, or other provisions: \_\_\_\_\_

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

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

**20. TRANSPORTATION**

**A. TRANSPORTATION TO AND FROM THE PROGRAM**

Describe the pick-up and drop-off procedure for minors participating in the program:

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

**B. TRANSPORTATION DURING PROGRAM**

Will participants be transported to, from, or during the program by counselors? **[Check one.]**

Yes **[Complete the following table.]**

No **[Skip to #21.]**

Driver	Training Or Experience	Transportation Responsibilities (i.e. Pickup For Program, Transport From Program, Transport During Program)	Vehicle To Be Used (POV, Citadel, Etc.)

**\*For additional Drivers, attach on a separate sheet with above information**

**C. NON-CITADEL VEHICLES**

Will any non-Citadel vehicles be used for the program?

- Yes [Complete the following table.]  
 No [Skip to #20.D.]

Vehicle To Be Used	Owner	Insurance On Vehicle (Policyholder, Limits)	Is All Safety Equipment Installed And In Good Working Condition?	Inspecting Individual	Date Of Inspection

\*For additional Non-Citadel vehicles, attach on a separate sheet with information above

**D. CHARTERED TRANSPORTATION**

Will any chartered transportation services be used? [Check one.]

Charter service is defined as services secured to transport participants by land, sea, or air in which one or more vehicles and operators are provided for this purpose.

- Yes [Complete the following tables and Annex A, Form 2.]  
 No [Skip to #21.]

Charter Service	Years In Operation	License(s) / Certification(s)	Insurance Coverage

\*For additional Charter Service Transportation, attach on a separate sheet with information above

**TRANSPORTATION LOG**

Destination*	Reason for Transportation	# of Participants to be Transported	Inspection Date of Location	Inspecting Official	Senior Program Official on Trip	Instructions to be Provided to Drivers (maps, Briefing on Driving Conditions, etc.)	Emergency Contacts (at The Citadel / in Transit / at Location	Safety Equipment Available (during Trip and at Location

\*For additional trips, attach above information on a separate sheet

(Note: Prior to first trip, program director, or designee, should inspect destination for loading / unloading location, safety considerations. Prior to each trip, program director or designee should review weather and traffic conditions. Senior official on travel should have copies of contact numbers for parents or guardians of minors during all off-campus travel.)

**21. MEDICAL CONSIDERATIONS**

**A. CHARLESTON AREA HOSPITAL AND CITADEL INFIRMARY**

Which Charleston area hospital (Roper, MUSC, Trident, etc.) will the Program use for emergencies? \_\_\_\_\_

**The Citadel Infirmary does not provide medical support for minor’s programs at all during the academic year.**

**The Citadel Infirmary does not normally provide medical support for minor’s programs during the summer.** However, if you have made a special arrangement with the Infirmary (843-953-4827) for limited medical coverage for a summer program, please indicate below:

- Yes **[Complete this section.]**
- No **[Skip to #21.B.]**

Please describe the arrangements, if any, that you have made with The Citadel Infirmary for minor’s programs during the summer.

\_\_\_\_\_

\_\_\_\_\_

**B. FIRST AID TRAINING**

Has the Program director made arrangements to provide First Aid training to the program’s counselors? **[Check one.]**

- Yes **[What type of training is provided (classroom instruction, videoinstruction, web-based instruction, literature, other) (please explain):** \_\_\_\_\_
- No **[Skip to #21.C.]**

**C. FIRST AID-TRAINED PERSONNEL WHO WILL BE IN ATTENDANCE**

Name	Training	Relation To Program	Role At Program

**\*For additional First-Aid Trained Personnel, attach on a separate sheet with information above**  
**\*\*Along with this form, submit a copy of the certificate of each counselor.**

**D. ADMINISTRATION OF FIRST AID**

If none of the above, please provide an explanation of how First Aid will be administered for the program. Contact Citadel Sports Medicine at 843-953-6867 or [SportsMedicine@citadel.edu](mailto:SportsMedicine@citadel.edu) for contract options for First Aid/CPR.

\_\_\_\_\_

\_\_\_\_\_

**E. FIRST AID KITS**

Location	Contents	Date Of Last Inspection	Inspecting Official

**\*For additional First-Aid Kits, attach on a separate sheet with information above**

**F. HEAT EXHAUSTION**

Describe the training provided to counselors for recognition of heat exhaustion:

\_\_\_\_\_

\_\_\_\_\_

Describe the planned preventative measures. (Example: The provision of cool drinks and frequent reminders to consume them, breaks or rest periods from extended periods of physical activity, counselor's alert for the symptoms of the onset of heat exhaustion.)

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**G. PARTICIPANT MEDICATION AND ALLERGY PREPARATIONS**

Official who will collect and maintain participant medication and allergy information:

**NAME:** \_\_\_\_\_

**ADDRESS/LOCATION DURING PROGRAM:** \_\_\_\_\_

**PHONE NUMBERS: Office:** \_\_\_\_\_ **Home:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**QUALIFICATIONS:** \_\_\_\_\_

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Location of medications and records during program: \_\_\_\_\_

Describe the Program's plan for storing and providing medications, avoiding, and responding to allergic reactions: \_\_\_\_\_

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**22. FOOD PREPARATION**

Will the program prepare and/or serve its own foods: **[Check one.]**

- Yes **[Contact Aramark for meal support; call 843-953-5086 / 5017.]**
- No **[Skip to #23.]**

**23. USE OF THE CITADEL COMPUTER LABS**

Will the program use The Citadel's Computer labs: **[Check one.]**

- Yes **[Complete this section.]**
- No **[Skip to #24.]**

**The Citadel does not restrict internet access nor monitor the use of its computers in the lab rooms. It will be the responsibility of the program to monitor the use of the computers by its minors.**

Describe the planned preventative measures. (How many counselors will monitor the minors in a computer lab? Some computer labs have twenty four computers. How will the counselors monitor the minors?)

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**24. COMPLETE APPROPRIATE FORMS BASED ON PROGRAM TYPE, AS DESCRIBED BELOW.**

- All Third-party Programs or Citadel employee, independently sponsored Programs (i.e., athletic Program) complete **Letter of Agreement (contract)**. Contact the Reservation and Event Management Office at [reservations@citadel.edu](mailto:reservations@citadel.edu) or 843-953-0467.
- If the program is using Charter Transportation, then complete [Annex A. Form 2](#).
- If the program is not using Charter Transportation, then complete [Annex A. Form 3](#).



