



REQUEST TO HOST KIDSAFE RISK MANAGEMENT SESSION

REQUIREMENTS

Complete this form and submit to Cal South via email to [livescan@calsouth.com](mailto:livescan@calsouth.com) or by fax to 714.451.1017. Cal South will contact the host to coordinate the session. Please call Cal South at 714.451.1518 if you have any questions.

SESSION REQUIREMENTS:

- 1. Power source for Live Scan equipment.
2. Indoor location or a canopy/EZ-Up to protect the Live Scan equipment from direct sunlight.
3. Minimum payment of \$300. This payment covers the first 20 applicants, and the charge for each additional is \$15. \*Payments must be made by check or money order. Cash and credit/debit cards cannot be accepted.
4. The club/league should ensure that all applications have an administrator profile in the Cal South Registration System BEFORE the session to avoid delays in the risk management update process.

APPLICANT REQUIREMENTS:

- 1. Valid Identification, e.g. Driver's License, DMV ID, passport, Immigration/Alien Registration/Green Card, Military ID.
2. Payment (\$15 per applicant)
3. TWO copies of the Request for Live Scan Service, available for download at [www.calsouth.com/risk-management](http://www.calsouth.com/risk-management)

IMPORTANT NOTES:

- 1. Scheduling should allow 5-10 minutes for each applicant to be fingerprinted.
2. This form is a request for ONE session. Please request a second session using a second copy of this form.
3. Request for Live Scan Service forms will not be provided on-site. Each applicant is responsible for bringing two completed forms to the session, and the hosting organization is responsible for communicating this to the applicants. Download the Request for Live Scan Service at [www.calsouth.com/risk-management](http://www.calsouth.com/risk-management)

HOST INFORMATION

Cal South Affiliate Member/Hosting Organization Affiliate #

Primary Contact (will be on-site during the session) Primary Contact Email Mobile Phone Home or Work Phone

Secondary Contact (also on-site during the session) Secondary Contact Email Mobile Phone Home or Work Phone

LOCATION AND FACILITY

Facility Name

Facility Street Address City State ZIP

Meeting Space (room, hall, etc.) and/or Parking Instructions

Directions (cross streets, freeway exits, etc.)

SESSION DETAILS

Session Date Requested Start Time End Time Approx. Number of Attendees Other Notes