



STUDENT-ATHLETE FEE FOR LESSON EMPLOYMENT STATEMENT

Student-Athlete Name: _____ Sport: _____

Academic School Year: _____ OR Summer: _____ GWid: _____

PLEASE NOTE: This information is sought to ensure compliance with the NCAA bylaw 12.4 and NCAA rules, which permit Division I student-athletes to receive earnings from legitimate on-or off-campus employment during the academic year and vacation periods. In addition, please note that pursuant to NCAA Bylaw 12.4.2 you are permitted to receive compensation for teaching or coaching sport skills or techniques in your sport on a fee-for-lesson basis, provided:

- (a) GW facilities are not used;
(b) Playing lessons are not permitted;
(c) GW obtains and keeps on file documentation of the recipient of the lesson(s) and the fee for the lesson(s) provided during any time of the year;
(d) The compensation is paid by the lesson recipient (or the recipient's family) and not another individual or entity;
(e) Instruction to each individual is comparable to the instruction that would be provided during a private lesson when the instruction involves more than one individual at a time; and
(f) You do not use your name, picture or appearance to promote or advertise the availability of fee-for-lesson sessions.

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Name of person(s) receiving lesson(s): _____

Age(s): _____ Recipient(s) School: _____

Date lesson starts: _____ Date lesson ends: _____

Total number of hours per session: _____ Is the lesson ongoing? [] Yes [] No

Amount of fee charged: \$ _____ [] Per Hour [] Per Lesson Estimated total earnings from this lesson(s): \$ _____

Location of lesson(s) (Facility Name/City and State): _____

Was this job promised to you during recruitment or arranged by any athletics department staff members?
[] Yes [] No

I hereby certify that the above information is true, and hereby authorize the GW Athletics Compliance Office to obtain verification.

Student-Athlete's Signature

Date

DO NOT WRITE BELOW THIS LINE. UPON APPROVAL FROM THE ATHLETICS COMPLIANCE OFFICE, EACH LESSON RECEIPT WILL BE REQUIRED TO COMPLETE ADDITIONAL PAYMENT INFORMATION.

[] Approved [] Not Approved Notes: _____

Associate Athletics Director/Compliance's Signature

Date