



## **Procedure: Camp/Clinic Approval Form**

Tulane University will employ the following procedure regarding completion of the Camp/Clinic Approval Form.

1. Make a copy of the attached Camp/Clinic Approval Form or pick up a copy from the Compliance Office.
2. The Camp Director is required to complete the Camp/Clinic Approval Form in its entirety.
3. At the top of the form list the name of the camp/clinic, date(s) of the camp/clinic and the name of the Camp Director.
4. Complete questions #1 through #12 of the Camp/Clinic Approval Form:
  - (1) Type of camp/clinic
  - (2) Describe partnership agreements.
  - (3) List facilities and equipment to be used.
  - (4) Participant restrictions.
  - (5) List resources to be used.
  - (6) Method of soliciting participants.
  - (7) Will anyone be invited?
  - (8) Employee description.
  - (9) Registration Fee(s).
  - (10) Room and board arrangements.
  - (11) Awards/merchandise.
  - (12) Concession arrangements.
5. The Camp Director will sign the form and submit to the Compliance Office.
6. The Compliance Office will review the form. If approved as meeting NCAA compliance regulations, the Compliance Office will check the appropriate box, sign and date the form and forward to the form to the Sport Administrator. If the camp/clinic form is not approved the Compliance Office check the appropriate box with explanation as to why it wasn't approved and return to the Camp Director.
7. The Sport Administrator will review the form for completeness and if it will be permissible to conduct the camp. If approved the Sport Administrator will sign and date the form and return to the Compliance Office. The Compliance Office will forward the approved form to the Business Office. If not approved the Sport Administrator will notify the Camp Director with an explanation.

A copy of the Camp/Clinic Approval Form will be kept on file in the Compliance Office.



## Camp/Clinic Approval Form

Complete and submit this form for each camp or clinic operated by the team/sport. Submit this form as far in advance as possible so that camp/clinic dates are unaffected.

This form must be submitted for any sports camp/clinic before promotional material is distributed or any commitments are made.

All NCAA regulations regarding camps and clinics must be followed. The camp director and other athletics department employees employed by the camp/clinic should review NCAA Bylaw 13.12.

Name of Camp/Clinic: \_\_\_\_\_

Name of Camp/Clinic Director: \_\_\_\_\_

Date(s) of Camp/Clinic: \_\_\_\_\_

Please provide the following information.

1. Type of camp or clinic (Please check one):

- \_\_\_\_\_ Specialized. Provides specialized instruction, practice, and/or competition in a particular sport.
- \_\_\_\_\_ Diversified. Provides a diversified experience without emphasizing instruction, practice, or competition in a particular sport.

2. Describe any partnership agreements with individuals or organizations not associated with Tulane University:

3. Facilities and equipment to be utilized:

4. Participants:

a. Characteristics of campers (e.g. prospects, senior prospects, athletics award winner, etc.)

b. Restrictions on participants (e.g. age, sex number, etc.)

c. Projected number of attendees: \_\_\_\_\_



5. List all athletics department resources that will be used (e.g. phones, paper, copies, secretarial time, mailings, etc.):

6. Methods of soliciting participants (e.g. advertisements, distribution of flyers, invitation, etc.) including actual copies:

7. Will any individuals be invited? (Explain)

8. Employees:

a. Number of employees: \_\_\_\_\_

b. Characteristics of employees:

c. Method, source, and amount of payment for employees (e.g. stipend, travel expenses, housing, meals, cash advances, institutional payroll)

d. Responsibility of employees (e.g. instructing, supervising, officiating)

9. Registration fees: \_\_\_\_\_

a. Free/reduced-cost admission program, if any:

10. Room and board arrangements for participants and employees:



11. Awards and/or merchandise provided to camp/clinic participants:

12. Concession arrangements (e.g. types of merchandise, expected revenues, concessions employees):

**\* The Compliance Office must approve all advertisements prior to distribution. Attach a copy of the camp/clinic brochure to this form.**

The above information is accurate to the best of my knowledge. Any changes or additions to this information will be reported to the Compliance Office prior to the first day of the camp/clinic.

**By signing this request, I agree to submit the required camp/clinic financial report within one month of the final day of the camp/clinic. Further, I agree that representatives of the Department of Athletics may have access to all camp/clinic records including any accounts in which camp/clinic funds are held.**

\_\_\_\_\_  
Camp/Clinic Director

\_\_\_\_\_  
Date

\_\_\_\_\_ Camp/Clinic is approved as described.

\_\_\_\_\_ Camp/Clinic is not approved for the following reason(s):

\_\_\_\_\_  
Compliance Office

\_\_\_\_\_  
Date

\_\_\_\_\_  
Sport Administrator

\_\_\_\_\_  
Date