



Procedure: Student-Athlete Camp/Clinic Employment Authorization Request

Tulane University shall employ the following procedure regarding completion of Student-Athlete Camp/Clinic Employment Authorization Request.

1. The Camp Director is required to have each Tulane football student-athlete, who will be employed at another institutions camp/clinic, complete a Student-Athlete Camp/Clinic Authorization Request.
2. The Camp Director will list the name of the camp and date(s) of the camp that the student-athlete in which the student-athlete will be employed.
3. The Camp Director will complete the Student-Athlete Camp/Clinic Authorization Request in its entirety. The Camp Director will provide the following: (1) type of camp/clinic; (2) the student-athlete's employment responsibilities; and (3) the rate of pay the student-athlete will receive.
4. The Camp Director will review the form with the student-athlete.
5. Once the student-athlete has reviewed the form he/she will print his/her name, sign his/her name and print the date on which he/she signed the agreement.
6. The Camp Director will print his/her name and date the form, and turn in to the Compliance Office for review.
7. Football Student-Athletes Only: Once reviewed and approved, the Compliance Office will initial the document and forward to the Director of Athletics for final approval. If not approved, the Compliance Office will notify and discuss with the Camp Director
8. If approved by the Director of Athletics, he/she will print his/her name and date the form, and return to the Compliance Office. If not approved, the Director of Athletics will return to the Compliance Office for investigation.
9. All: Once the form is approved, the Compliance Office will keep the original and provide a copy to the camp director.
10. Student-Athletes from other institutions must obtain approval from the Director of Athletics of their institution.

The Director of Athletics must give final approval prior to a Tulane football student-athlete's employment.



Student-Athlete Camp/Clinic Employment Authorization Request

Name of Camp/Clinic: _____ Dates of Camp/Clinic: _____

A separate Student-Athlete Employment Authorization Request form must be completed for each football student-athlete that will be employed at a sports camp/clinic. Make additional copies as necessary.

Student-Athlete: Before signing this form, please read the following reminders. If you have any questions, please consult with the Camp Director or the Compliance Office.

- ✓ You may work a sports camp or clinic if you will be performing duties that are of a general supervisory nature in addition to any coaching and officiating assignments.
- ✓ You may not receive compensation from a camp or clinic for an appearance in which you ONLY lecture or demonstrate.
- ✓ You may work a sports camp or clinic if your pay will be commensurate with the going rate for camp or clinic counselors of like teaching abilities and your wages are not based on the reputation of fame you have received as a student-athlete.
- ✓ It is not permissible to establish varying levels of compensation for student-athletes employed at a sports camp/clinic based on the level of athletic skill.
- ✓ You may not receive compensation for teaching or coaching skills techniques in your sport on a fee-for-lesson basis.
- ✓ If you have remaining eligibility, you may not conduct your own sports camp or clinic.

Camp Director, please provide the following information.

1. Type of camp or clinic:

_____ 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. Student-athlete’s responsibilities (e.g. registering participants, lecturing, instructing, supervising, officiating, keeping time etc.):

3. Student-athlete’s rate of pay: _____ per _____

I have read and understand all of the above and certify that I will perform my duties in accordance with NCAA and Tulane rules and regulations.

Print Name/Student-Athlete

Student-Athlete Signature

Date

Camp/Clinic Director Signature

Date

Director of Athletics Signature (Football only)

Date