



INSTITUTIONAL SPORTS CAMPS / CLINICS DECLARATION FORM

PRE-CAMP/CLINIC POLICY: This form and attachments must be turned into Compliance at least 30 days prior to the start of the camp/clinic. All requested materials **MUST** be attached to this form for approval. Once approval is granted, this form and attachments will be returned to you for your records.

*A **Sports Camp or Clinic** is one that:*

- *Places a special emphasis on a particular sport or sports and provides specialized instruction, practice, or competition,*
- *Involves activities designed to improve overall skills and general knowledge in the sport, **or***
- *Offers a diversified experience without emphasis on instruction, practice, or competition in a particular sport [NCAA Bylaw 13.12.1.1.2]*

*An **Institutional Camp or Clinic** is any camp or clinic, in which prospective student-athletes participate, that is owned or operated by ULM or an employee of the ULM Athletics Department. The location of an institutional camp may be either on- or off-campus. [NCAA Bylaw 13.12.1.1]*

INSTRUCTIONS: Please complete the following camp information and checklist at least 30 days prior to the start of an institutional sports camp/clinic. All attachments must be submitted with form by the date requested.

CAMP INFORMATION

Sport conducting camp/clinic _____ Starting date of camp/clinic _____

Camp Director _____ Closing date of camp/clinic _____

Camp Name: _____

Camp Location (include address) _____

CAMP CHECKLIST

1. ☐ Submit any camp advertising and promotional materials for approval (e.g., brochures, flyers, website links).

Website link: _____

2. ☐ Submit a list of all athletic department staff who will work the camp and list their compensation (include the camp/clinic director in this listing).

**Institutional volunteer coaches may work camps and receive compensation commensurate with other camp workers.*

3. ☐ Submit a list of staff members of high schools, preparatory schools or junior colleges who will work the camp, their compensation and the name of their institution.

☐ Check this box if NO other staff members will work the camp.

**HS and JC coaches must only receive compensation commensurate with the going rate for camp counselors of like teaching ability. A HS/JC coach cannot be compensated based on the number of campers he/she sends to the camp (13.12.2.2).*

4. ☐ Submit a list of participating student-athletes.
☐ Check this box if NO student-athletes will work the camp.

**Participating student-athletes must complete the Student-Athlete Employment Form prior to the start of employment. See NCAA Bylaw 13.13.2.1 for legislation applicable to student-athletes camp employment.*

5. ☐ In the space below, list other individuals (guest lecturers, officials, auxiliary personnel, student-athletes from other institutions) who will be employed at the camp.
☐ Check this box if NO other individual(s) will work the camp.

Name/Title	Compensation	Institution
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Submit a list of all campers projected to receive special or reduced admission privileges to this camp/clinic.
☐ Check this box if NO special or reduced admission privileges will be offered.

**Free or reduced admission shall not be provided to a high school or JC college athletics award winner.*

7. ☐ In the space below, list the names of awards given to campers and the criteria for determining award recipients (e.g., "Camper of the Week," "Coaches Vote").
☐ Check this box if NO awards will be given to campers.

Name of Award	Criteria of Award
_____	_____
_____	_____
_____	_____

**Note that prospects may receive awards only if the cost of the award is included in camp admissions fees.*

8. Check below that you have included the following additional items as attachments to this form. If the item is not applicable (N/A) to your camp/clinic, please explain in the space provided.
- ☐ Submit a copy of the camp outline (e.g., time of check in, time of educational session).
 - ☐ Submit a copy of the facility contract.
 - ☐ Submit a copy of the camp/clinic insurance policy.
 - If N/A, please explain: _____
 - ☐ Submit a copy of the camp account deposit slip OR voided check.
 - If N/A, please explain: _____
 - ☐ Provide proof that camper personal medical insurance will be verified.
 - If N/A, please explain: _____
 - ☐ Provide a copy of the Educational Session material for the camp/clinic (**Basketball only**).
 - If N/A, please explain: _____
 - ☐ Provide a copy of the vendor who is providing background checks on camp/clinic staff.
 - If N/A, please explain: _____

9. Certification

I certify that the above information is correct and that this sports camp/clinic will be conducted in accordance with NCAA, and institutional regulations. I agree to provide my institution's compliance administrator with lists of all camp employees and compensation, dates and hours worked by camp employees who are also ULM employees and all camp participants including those who received discounts.

Camp/Clinic Director's Signature

Date

Sport Supervisor's Signature

Date

FOR COMPLIANCE OFFICE USE ONLY

- ☐ Advertisements and promotions approved (13.4.3.2).
- ☐ Facility secured by contract through Athletics Facilities, ULM Recreational Services, or other facility if the camp location is off-campus.
- ☐ Reduced admission privileges approved (13.12.1.7.1).
- ☐ Football, Basketball and Women's Volleyball dates approved.
- ☐ Football and Basketball location approved (13.12.1.2).
- ☐ Men's Basketball additional restrictions approved (13.12.1.4).
- ☐ Men's Basketball educational session approved (13.12.1.8).

This sports camp/clinic is: ☐ Approved ☐ Denied

Copies of all materials made and returned to Camp Director.

☐ Yes

☐ No

Compliance Officer's Signature

Date

POST-CAMP/CLINIC REPORTING POLICY: The Camp Director must submit the following items within 60 days of the final day of the camp/clinic: 1) Complete list of ALL camp employees and compensation received, 2) Complete list ALL dates and hours worked by all camp employees who are also ULM employees, 3) Complete list of ALL participants, including discounts and prorated camp fees, and 4) Submit all student-athlete employment forms. University policy requires that leave is taken for camps/clinics that occur during the normal work week. If the camp employee is also a ULM employee, the employee must take leave to work the camp/clinic and provide a leave report to Human Resources. REMEMBER: It is the responsibility of each camp/clinic owner to maintain accurate financial records and to be able to provide them upon request for Compliance review.

FOR COMPLIANCE OFFICE USE ONLY

The camp director has provided the following documentation in Compliance with the post-camp/clinic reporting policy:

- ☐ Complete list of ALL camp employees and compensation received.
- ☐ Complete list ALL dates and hours worked by all camp employees who are also ULM employees.
- ☐ Complete list of ALL participants, including discounts and prorated camp fees.
- ☐ All student-athlete employment forms submitted.

This post sports camps/clinics declaration has been:

☐ Approved

☐ Denied

Compliance Officer's Signature

Date