

ATHLETE AGENT APPLICATION FOR REGISTRATION

The following documents must be submitted to Kansas Athletics Compliance Office to become registered with the Kansas Athletics -Athlete/Agent Contact and Registration Program.

- 1. This form in its entirety
- 2. Copy of State of Kansas Agent License
- 3. Copy of a Professional League Agent License, if required by the Sport.
- 4. Notarized copy of a Professional League Players Association Application, if required by the Sport.

| I. GENE | RAL INFORMATION | | | |
|--|------------------------|------------------|----------|----|
| Name: Email: | | Phone: | | |
| Home Address: City: | State | e: | Zipcode: | |
| If affiliated with a particular firm or agency as a player-agent, please indicate: | | | | |
| Name of Organi | zation: | | | |
| Business Addre City: Fax: | State | e: ess Phone: | Zipcode: | |
| II. EDUC | ATION | | | |
| College or Unive School | | City | State | |
| Degree(| s) and Year Graduated: | | | |
| Graduate/Legal College | University: | City | State | |
| Admitted to bar (If applicable) Yes \[\] No \[\] State: Date Admitted: Have you ever been disbarred, suspended, reprimanded, censured, or otherwise disciplined or disqualified as an attorney, as a member of any other profession, or as a holder of any public office? Yes \[\] No \[\] | | | | y, |
| If yes, please describe each such action, the dates of occurrence, and the name and address of the authority imposing the action in question: | | | | |
| Are there any charges or complaints currently pending against you regarding your conduct as an attorney, as a member of any profession, or as a holder of public office? Yes \(\subseteq \text{No} \subseteq \) | | | | |

| Has your right to practice before any governmental office, bureau, agency, commission, etc. ever been disqualified, suspended, withdrawn, denied, or terminated? Yes No | | | | |
|---|--|--|--|--|
| If yes, please explain fully. | | | | |
| | | | | |
| Other than legal occupations, are you a member of any business or professional organizations which directly relate to your occupation or profession? Yes \[\] No \[\] | | | | |
| If so, please list: | | | | |
| | | | | |
| | | | | |
| III. EXPERIENCE | | | | |
| Number of years of experience as a player-agent: | | | | |
| Sports in which you currently represent athletes and total number of athletes in each sport: | | | | |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| IV. OTHER QUALIFICATIONS | | | | |
| IV. OTHER QUALIFICATIONS | | | | |
| Have you registered with the State of Kansas Athlete Agent Program? Yes ☐ No ☐ | | | | |
| Current membership in professional organizations: | | | | |
| Occupational or professional licenses (e.g., certified public accountant, chartered life underwriter) and date obtained: | | | | |
| | | | | |
| Are you currently registered with any state(s) as a player-agent? Yes \[\] No \[\] | | | | |
| If yes, please list the state(s) in which you are registered: | | | | |
| Are you currently certified by the NFLPA? Yes No Permanent Provisional | | | | |
| | | | | |
| Are you currently certified by the NBPA? Yes No Permanent Provisional | | | | |
| Are you currently certified by the WNBPA? Yes No Permanent Provisional | | | | |
| Are you currently certified by the MLBPA? Yes \(\square\) No \(\square\) Permanent \(\square\) Provisional \(\square\) | | | | |

If yes, please indicate the nature of the charge or complaint and the name and address of the authority considering it:

| Are you currently certified by an | y other league? | If yes, please | list below: | | |
|---|------------------------------|-------------------|----------------------|---------------------------------|-------------------------|
| 1. League: | Permanent | Provisional | | | |
| 2. League: | Permanent | Provisional | | | |
| Have you been found, administr misrepresentations? Yes | | ally, of making | false, misleading, | deceptive, or fraud | ulent |
| Has your conduct resulted in the intercollegiate athletic event on | | | | ation of ineligibility t Yes | o participate in an |
| Have you received any sanction Yes ☐ No ☐ | , suspension, o | or disciplinary a | ction arising out of | occupational or pro | ofessional conduct? |
| Have you been denied an applic athlete agent in any state? | cation for, suspe Yes No | | ed of, or refused re | enewal, the registra | tion or licensure as an |
| If you answered yes to any of th | e above question | ons, please exp | olain: | | |
| | | | | | |
| Have you ever been convicted of Yes No No | of or pled guilty | to a criminal ch | arge, other than m | ninor traffic violation | ns? |
| If yes, please indicate nature of | offense, date of | f conviction, cri | minal authority inv | olved, and punishn | nent assessed: |
| | | | | | |
| Have you ever been a defendant misrepresentation, embezzleme malpractice were made against Yes \(\sigma\) No \(\sigma\) | ent, misappropri | | | | |
| If yes, please describe fully and | indicate results | of the civil pro | ceedings (s) in qu | estion: | |
| | | | | | |
| | | | | | |
| Have you ever been adjudicated Yes ☐ No ☐ | d insane or lega | illy incompeten | t by any court? | | |
| If yes, please explain fully: | | | | | |
| | | | | | |
| | | | | | |
| Were you ever suspended or ex Yes ☐ No ☐ | spelled from any | / college, unive | rsity, law school, c | or graduate school? | |
| If yes, please explain fully: | | | | | |
| | | | | | |
| Has any surety or any bond on ∨ Yes ☐ No ☐ | which you were | covered been | required to pay an | ly money on your b | ehalf? |

| If so, please describe circumstances: | | | |
|---|------------|---------------------------|--|
| Are there any unsatisfied judgments of continuing effect against you (other than alimony or child support)? Yes No If yes, please provide full details: | | | |
| V. PROFESSIONAL | SERVICES | | |
| | | | |
| General services performed for Playing Contract Negotiations: | | Hourly fee or percentage: | |
| Endorsement Contract Negotiations: | Yes ☐ No ☐ | Hourly fee or percentage: | |
| Legal Assistance: | Yes No | Hourly fee or percentage: | |
| Financial Planning: | Yes 🗌 No 🗌 | Hourly fee or percentage: | |
| Tax Consulting: | Yes 🗌 No 🗌 | Hourly fee or percentage: | |
| Money Management: | Yes 🗌 No 🗌 | Hourly fee or percentage: | |
| Other: | | Hourly fee or percentage: | |
| For the services you perform for client-athletes, list the names and addresses of individuals, firms, or agencies that assist you in providing these services. (Use additional sheets if necessary) | | | |
| Name: | Phone Num | nber: | |
| Address: | | | |
| City: | State: | Zipcode: | |
| Name: Phone Number: | | | |
| Address: | | | |
| City: | State: | Zipcode: | |
| Name: | Phone Num | nber: | |
| Address: | | | |
| City: | State: | Zipcode: | |

| | ving compensation d as the player is co | | iation services, do you rece | eive payment "up front" or are your payments |
|--|---|-------------------|------------------------------|--|
| Do you | earn income from v | vork performed in | some capacity other than a | n athlete agent? Yes ☐ No ☐ |
| If yes, p | If yes, please describe other occupation(s) or service(s) for which you are paid: | | | |
| Please list the names of any athletes, including University of Kansas athletes you previously represented or currently represent and, in team sports, the team/league to which each athlete is under contract with and the name of team representatives with whom you negotiated that contract. Write "none" if you currently do not represent any athlete. If you represent athletes in more than one sport, please provide this information for at least five clients in each sport. Use additional sheets if necessary. | | | | |
| Player I | <u>Name</u> <u>Te</u> | <u>am</u> | Client's Phone | Team Representative |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| Please indicate which current KU student-athlete(s) you plan to contact during the academic year. Please indicate what services you offer to athletes, in addition to contract negotiation services. | | | | |
| Do you handle players' funds? Yes \[\] No \[\] | | | | |
| If so, are you bonded? Yes ☐ No ☐ | | | | |
| If yes, please provide details as to the amount of the bond, the name and address of the surety or bonding company, etc; | | | | |
| VI. | PREVIOUS EM | PLOYMENT (I | ast three positions ar | nd dates of employment) |
| 1. | Firm/Agency: | | | |
| | Position/Date: | | | |
| | Address: | | | |
| | City: | State: | Zipcode: | |
| 2. | Firm/Agency: Position/Date: | | | |
| | Address: | | | |
| | Citv: | State: | Zipcode: | |

| 3. | Firm/Agency: Position/Date: | | |
|--|-----------------------------|-----------|--|
| | Address: | | |
| | City: | State: | Zipcode: |
| | | | |
| VII. | REFERENCES (3) | | |
| 1 | Nama | | |
| 1. | Name: Position: | | |
| | Address: | | |
| | City: | State: | Zipcode: |
| 2. | Name: Position: | | |
| | Address: | | |
| | City: | State: | Zipcode: |
| 3. | Name: Position: | | |
| | Address: | | |
| | City: | State: | Zipcode: |
| I certify that the above information is true, correct, and complete to the best of my knowledge. Further, I certify that I will notify the Kansas Athletics Compliance Office, before the first contact with a student-athlete who has eligibility remaining in any sport and is enrolled at the University of Kansas. In addition, I have reviewed the NCAA and Kansas Athletics rules and regulations contained in the Kansas Athletics Athlete/Agent Contact and Registration Policies that accompany this form. I have not engaged in any activity or behavior that would jeopardize the student-athlete's eligibility. I understand that failure to comply with the terms of this certification, the Kansas Athletics Athlete/Agent Contact and Registration Policy, and the applicable NCAA legislation will result in the initiation of proceedings against me to disassociate myself and any other person(s) representing my firm or company from contacting KU student-athletes with eligibility remaining. | | | |
| Signature: | | | |
| Date: | | | |
| Retur | n Completed Form | To: Athle | tics Compliance Office Phone: 785.864.4200 |

eturn Completed Form To: Athletics Compliance Office Kansas Athletics Allen Fieldhouse

1651 Naismith Drive Lawrence, KS 66045 Phone: 785.864.4200 Fax: 785.864.5289 compliance@ku.edu www.kuathletics.com