



PRIVATE CAMP/CLINIC INFORMATION

Camp/Clinic Name/Sport:	Location:
Date(s) of Camp/Clinic:	Camp/Clinic Director or Owner:
Camp/Clinic Director Phone #:	Camp/Clinic Director Email Address:

CAMP/CLINIC QUESTIONNAIRE (to be completed by Camp/Clinic Director/Owner – check all that apply)

- The coach you are hiring is not a majority owner of the camp/clinic or is not personally, or directly responsible, for the management/operation of the camp/clinic.
- The camp/clinic is open to any and all entrants (limited only by number and age). The camp/clinic may not select participants on an invitation-only basis or reserve spots for specific prospects.
- The camp/clinic is not established, sponsored or conducted by an individual or organization that provides recruiting or scouting services concerning prospects.
- The camp/clinic does not employ (even on a voluntary basis) or give free or reduced admission privileges to any high school, preparatory school, two-year college athletics award winners or KU recruits.
- The purpose of the camp/clinic is designed to improve overall skill(s) through specialized instruction and is not a tryout camp devoted primarily to agility, flexibility, speed and strength tests.
- The camp/clinic does not permit, or arrange for, a prospect or student-athlete to operate a concession to sell items related to, or associated with, the camp.
- No recruitment activities (e.g., recruitment presentations, highlight videos, posters) will take place.
- The cost of awards received from the camp/clinic is included in the admission fees charged to the participants of the camp/clinic.
- A booster representing KU’s athletics interests is not paying any prospect’s expenses to attend the sports camp/clinic.
- Coaches Clinic:** High school prospects (individuals who have started 9th grade) will not serve as demonstrators at the clinic.
- Football Only:** I understand the camp/clinic must occur during the months of June or July.
 - Compliance Office Use Only:** Is the camp within KU Football’s 10 declared camp days? Yes No
- Basketball/Football Only:** If the camp/clinic involves prospects, it includes an educational session detailing NCAA initial eligibility.
- Please indicate the age group and/or grade(s) the camp will be available to: _____ (i.e. Grades 1st – 6th)

As camp/clinic director or owner, I would like to employ the following Kansas Athletics, Inc. employee:

Name:	KAI Title:
Camp/Clinic Director or Owner Signature:	Date:

Please return the completed form to: **Kansas Athletics Compliance**
1651 Naismith Drive
Lawrence, KS 66045

COMPLIANCE USE ONLY

Approved Denied

Compliance Signature:	Date:
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