CAMP/CLINIC INFORMATION

Name of Camp & Sport:	**Coach/Camp Director:**
Camp/Clinic Owner or Operator:	**Date(s) of Camp/Clinic:**

Session	Date(s)	Registration Price	Projected Participants

1) Will the camp involve only the sport you currently coach? ☐ Yes ☐ No, _____

2) Will Kansas Athletics facilities be used? ☐ Yes *(attach Form 2)* ☐ No, list facility: _____

3) Camp participants will be comprised of the following (*Note: Attach Form 3*):
   - ☐ Prospective Student-Athletes (9th grade or above; 7th grade for men's basketball and softball)
   - ☐ Individuals who have not started classes in the 9th grade (7th grade for men's basketball and softball)
   - ☐ Adults

4) Will individual discounts be provided? ☐ Yes *(attach Form 4)* ☐ No
   - Note: Discount must be noted in the camp brochure/flyer.

5) Will group discounts be provided? ☐ Yes *(attach Form 5)* ☐ No
   - Note: Discount must be noted in the camp brochure/flyer.

6) Will refunds be provided? ☐ Yes *(attach Form 6)* ☐ No

7) Will the registration fee include a participation award? ☐ Yes *(complete below)* ☐ No
   - Participation Award (i.e., t-shirt, ball, etc.): _____ Retail Cost: $_____

8) Will achievement or special awards be offered? ☐ Yes *(complete below)* ☐ No
   - Achievement or Special Award: _____ Retail Cost: $_____

9) Will a H.S., prep school or two-year college prospect be employed? ☐ Yes *(attach Form 7)* ☐ No

10) Will the parent/relative of an SA or PSA be employed? ☐ Yes *(attach Form 8)* ☐ No

11) Will H.S./AAU/Club/College coaches be employed? ☐ Yes *(attach Form 8)* ☐ No

12) Will KU staff members be employed? ☐ Yes *(attach Form 9)* ☐ No

13) Will KU student-athletes be employed? ☐ Yes *(attach Form 10)* ☐ No

14) Will lodging/meal benefits be provided to employees or participants? ☐ Yes ☐ No
   - Submit lodging/meal information prior to camp taking place.

15) Will transportation to/from the airport be offered to participants? ☐ Yes ☐ No
   - Note: Offer must be noted in the camp brochure/flyer.

16) Will additional benefits be provided for employees? ☐ Yes *(describe below)* ☐ No

Benefit Description:

17) Will concessions be offered for purchase? ☐ Yes *(complete below)* ☐ No

Concessions Operator: _____ **Documentation of inventory and sales must be maintained**

18) Will merchandise be offered for purchase? ☐ Yes *(complete below)* ☐ No

Merchandise Operator: _____ **Documentation of inventory and sales must be maintained**

19) Will a corporate/individual/organization sponsorship be employed? ☐ Yes *(describe below)* ☐ No

Sponsorship Description:

20) Will a "petty cash" or "slush" fund be used for incidentals? ☐ Yes *(complete below)* ☐ No

Person responsible for reconciliation: _____

21) Attach final copy of camp brochure/flyer. ☐ Completed
The advertising method must include the following registration information:
   - Method (i.e., online webpage, email, etc.)
   - Duration to register for camp
   - Deadlines (registration and payment)
   - Participation limitations (i.e., number, age, gender)
   - Discounts (i.e., target audience, description)
   - Institutional staff contact for camp
   - Fees (i.e., overnight campers, day campers, commuters, etc.)
   - Payment options (i.e., pay plan, full payment required)

22) Check all forms of solicitation:
   - ☐ Individual invitation *(attach copy)*
   - ☐ PA announcement
   - ☐ Radio
   - ☐ Newspaper advertisement *(attach copy)*
   - ☐ Other: _____
   - ☐ Website(s), please list: _____
   - ☐ Posters *(attach copy)*
   - ☐ Recruiting publication, list and attach: _____
   - ☐ Television

I confirm that all of the information provided on this form is true and accurate. I understand that I am obligated to notify the Compliance Office of any changes regarding the information on this form.

Coach Signature:	**Date:**

COMPLIANCE USE ONLY

☐ **Approved** ☐ **Denied**

Compliance Signature:	**Date:**

FACILITY REQUEST INFORMATION

Facility Requested:	**Person Requesting:**
Date(s) of Request:	**Time(s) Facility will be in Use:**
Facility Use Purpose:	**Special Requests** (*i.e., equipment*)**:**
Alternates for Inclement Weather:	

FACILITY USE APPROVALS

1. **Head Coach/Designee Signature:**	**Date:**
2. **Compliance Signature:**	**Date:**
3. **Sport Supervisor Signature:**	**Date:**
4. **Facilities Signature:**	**Date:**
5. **KAI Business Office Signature:**	**Date:**

Camps & Clinics Form 3 — Participation & Registration Payment Ledger

	Name of Camper	Grade	Fee	Cash	Check	Discount	Refund	Total Paid	Participant Awards	Achivement Awards	Other
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
								$ -			

Were any checks returned due to insufficient funds? ☐ **No** ☐ **Yes, attach list of ISF return with explanation**

Head Coach or Designee Signature:	**Date:**

NOTE: Free or reduced admission to an individual must be documented on Form 4, group discounts must be documented on Form 5, refunds must be documented on Form 6.

CAMP/CLINIC INFORMATION

Sport/Camp Name:	**Date(s):**

DISCOUNT RECIPIENT INFORMATION

Name:	**Age:**
Discount Amount:	**Basis for Discount:**
Name:	**Age:**
Discount Amount:	**Basis for Discount:**
Name:	**Age:**
Discount Amount:	**Basis for Discount:**
Name:	**Age:**
Discount Amount:	**Basis for Discount:**
Name:	**Age:**
Discount Amount:	**Basis for Discount:**
Name:	**Age:**
Discount Amount:	**Basis for Discount:**
Name:	**Age:**
Discount Amount:	**Basis for Discount:**

Total Amount Discounted: $_____

Head Coach/Designee Signature:	**Date:**

COMPLIANCE USE ONLY

☐ **Approved** ☐ **Denied**

Compliance Signature:	**Date:**

CAMP/CLINIC INFORMATION

Sport/Camp Name:	**Date(s):**

DISCOUNT RECIPIENT INFORMATION

Name of Group:	**Number of Recipients in Group** (*attach list*)**:**
Discount Amount:	**Basis for Discount:**
Name of Group:	**Number of Recipients in Group** (*attach list*)**:**
Discount Amount:	**Basis for Discount:**
Name of Group:	**Number of Recipients in Group** (*attach list*)**:**
Discount Amount:	**Basis for Discount:**
Name of Group:	**Number of Recipients in Group** (*attach list*)**:**
Discount Amount:	**Basis for Discount:**
Name of Group:	**Number of Recipients in Group** (*attach list*)**:**
Discount Amount:	**Basis for Discount:**
Name of Group:	**Number of Recipients in Group** (*attach list*)**:**
Discount Amount:	**Basis for Discount:**
Name of Group:	**Number of Recipients in Group** (*attach list*)**:**
Discount Amount:	**Basis for Discount:**

Total Amount Discounted: $_____

Head Coach/Designee Signature:	**Date:**

COMPLIANCE USE ONLY

☐ **Approved** ☐ **Denied**

Compliance Signature:	**Date:**

CAMP/CLINIC INFORMATION

Sport/Camp Name:	**Date(s):**

REFUND RECIPIENT INFORMATION

Name:	**Refund Amount:**
Basis for Refund:	**Reference Number:**
Name:	**Refund Amount:**
Basis for Refund:	**Reference Number:**
Name:	**Refund Amount:**
Basis for Refund:	**Reference Number:**
Name:	**Refund Amount:**
Basis for Refund:	**Reference Number:**
Name:	**Refund Amount:**
Basis for Refund:	**Reference Number:**
Name:	**Refund Amount:**
Basis for Refund:	**Reference Number:**
Name:	**Refund Amount:**
Basis for Refund:	**Reference Number:**

Total Amount Discounted: $_____

Head Coach/Designee Signature:	**Date:**

COMPLIANCE USE ONLY

☐ **Approved** ☐ **Denied**

Compliance Signature:	**Date:**

PROSPECT INFORMATION *(to be completed by the prospect)*

Name:	**Sport:**
Street Address:	**City, State, Zip Code:**
High School/2-Year College Name:	**HS or 2-Year College Grad Year:**
Current Grade/Enrollment Status:	**Name of Camp:**
Camp Director:	**Camp Director Phone #:**

1) Have you ever earned or been given an award for your participation in athletics at your educational institution?

☐ No ☐ Yes, _____

2) Do you have a sibling who is being recruited by an athletics program at the University of Kansas?

☐ No ☐ Yes, Sibling name and recruited sport: _____

3) How did you learn about this employment opportunity? _____

Note: It is not permissible for an institution, a member of its staff or representative of athletics interest to employ or give free or reduced admissions privileges to a high school, preparatory school or two-year college athletics award winner. Additionally, it is not permissible for an institution to allow a prospect to operate a concession to sell items related to, or associated with, the institution's camp.

I acknowledge and understand the information pertaining to my employment with the University of Kansas camp/clinic identified above. I verify that I have never earned an athletics award for my participation on sports/athletics at my educational institution prior to this employment opportunity. I agree and abide by all NCAA, Big 12 and Kansas Athletics Compliance rules and regulations regarding employment and benefits.

Prospect Signature:	**Date:**
Coach Signature:	**Date:**
High School/2-Year College Approval:	**Date:**

COMPLIANCE USE ONLY

☐ **Approved** ☐ **Denied**

Compliance Signature:	**Date:**

UNIVERSITY OF KANSAS
ATHLETICS COMPLIANCE OFFICE

Camps & Clinics Form 8 — Outside Staff & Coach Compensation Form

Please list all non-KAI employees (high school, club coaches, etc.) and non KU student-athletes who will be employed during your camp/clinic. This form must be on file in the Compliance Office prior to the start of the camp/clinic. It is your responsibility to notify the Compliance Office of changes to any camp/clinic information submitted.

Camp/Session: _____ **Camp Director**: _____

Name	Phone Number	Occupation/ Affiliation	Team Affiliation	Camp Position/Title	Camp Experience	Pay Scale *(indicate if hourly, session, other)*	Total Hours/Sessions Worked	Total Compensation	Coach affiliated with any KU recruited PSAs registered for this camp? (Y/N)
								$	
								$	
								$	
								$	
								$	
								$	
							Total Compensation:	$	

Transportation:	**Parking:**
Mileage:	**Lodging:**
Meals:	**Apparel:**
Other Benefits:	

By signing below, I am certifying to the best of my knowledge the above outside coaches are not individuals associated with a recruited prospect. I understand employing an individual associated with a recruited prospect may result in NCAA violations. I further understand that it is my responsibility to notify the Compliance Office of any changes regarding the information contained herein.

Head Coach/Designee Signature:	**Date:**	**Compliance Signature:**	**Date:**

UNIVERSITY OF KANSAS
ATHLETICS COMPLIANCE OFFICE

Camps & Clinics Form 9 — KAI Staff Compensation Form

Please list all university and KAI employees (coaches, staff, volunteers, managers, etc.) the camp/clinic listed below. This form must be on file in the Compliance Office prior to the start of the camp/clinic. It is your responsibility to notify the Compliance Office of changes to any camp/clinic information submitted.

Camp/Session: _____ **Camp Director**: _____

Staff Member Name	Job Description	Camp Experience	Pay Scale/Gross *(indicate if hourly, session, other)*	Total Hours/Sessions Worked	Total Compensation
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
			Total Amounts:		$

Transportation:	**Parking:**
Mileage:	**Lodging:**
Meals:	**Apparel:**
Other Benefits:	

Head Coach/Designee Signature:	**Date:**	**Compliance Signature:**	**Date:**

Camps & Clinics Form 10 — Student-Athlete Compensation Form

Prior approval from the Compliance Office is required before a student-athlete may be employed at a camp/clinic on KU's campus/facilities. Please notify the Compliance Office immediately of any changes to the information listed below.

Camp/Session: _____ **Camp Director**: _____

Student-Athlete	Job Description (duties, instruction, supervising and/or lecture)	Pay Scale (indicate if hourly, session, other)	Total Hours/Session Worked (full or half session)	Total Compensation
				$
				$
				$
				$
				$
				$
				$
			Total Compensation:	$

Transportation:	**Parking:**
Mileage:	**Lodging:**
Meals:	**Apparel:**
Other Benefits:	

Head Coach/Designee Signature:	**Date:**

COMPLIANCE USE ONLY

☐ **Approved** ☐ **Denied**

Compliance Signature:	**Date:**

1651 Naismith Drive, Lawrence, KS 66045-8881
Phone: 785.864.4200
Original: Compliance

compliance@ku.edu
Fax: 785.864.5289
Revised: 8/2018

Kansas Athletics Compliance

Camps/Clinics: Compliance Income Statement (Form 11)

Camp Name: **Sport:** **Date:**

list amounts in blue boxes

Camp Income

Camp Fees	
Camp Fee Refunds (enter as negative) (Form 6)	
Corporate Sponsorship	
Concession Sales	
Merchandise Sales	
Other (please list):	
Total Gross Income	$ -

Location of Camp - fill in blue box below

	% of activity off-campus (2.25% camp fee due to KAI)
100%	% of activity on-campus (3.5% camp fee due to KAI)

Camp Expenses

Camp Fee to KAI (% of Gross Income - see right)	$ -
Outside Coaches Payment (Form 8)	
KAI Staff Salaries (Form 9)	
Student Athlete Payment (Form 10)	
Supplies	
Insurance	
Meals	
Coaches	
Camp Participants	
Entertainment	
Coaches	
Camp Participants	
Postage & Brochure	
Transportation	
Air	
Ground	
Facility Rental	
Athletics Complex	
Dorm	
Parking	
Telephone/Fax	
Other Expenses (please list):	
Total Expenses	-
Total Camp Net Income	-

I hereby certify that the above information is complete and accurate to the best of my knowledge. I confirm that the financial operations of the camp/clinic have been in accordance with NCAA, Big 12 and KU guidelines. I acknowledge my responsibility to report any misappropriations of funds to the Kansas Athletics Director.

Head Coach **Date**

Sport Supervisor Approval **Date**

Compliance Auditor **Date**

CFO / Business Office **Date**