



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.





Camps & Clinics Form 1 — Description of Camp/Clinic

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:

- | | |
|--|---|
| <input type="checkbox"/> Individual invitation (attach copy) | <input type="checkbox"/> Website(s), please list: _____ |
| <input type="checkbox"/> PA announcement | <input type="checkbox"/> Posters (attach copy) |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Recruiting publication, list and attach: _____ |
| <input type="checkbox"/> Newspaper advertisement (attach copy) | <input type="checkbox"/> Television |
| <input type="checkbox"/> Other: _____ | |

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:
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COMPLIANCE USE ONLY

Approved Denied

Compliance Signature:	Date:
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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:
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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):
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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:
Name:	Age:
Discount Amount:	Basis for Discount:

Total Amount Discounted: \$ _____

Head Coach/Designee Signature:	Date:
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COMPLIANCE USE ONLY

Approved Denied

Compliance Signature:	Date:
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CAMP/CLINIC INFORMATION

Sport/Camp Name:	Date(s):
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DISCOUNT RECIPIENT INFORMATION

Name of Group:	Number of Recipients in Group <i>(attach list):</i>
Discount Amount:	Basis for Discount:
Name of Group:	Number of Recipients in Group <i>(attach list):</i>
Discount Amount:	Basis for Discount:
Name of Group:	Number of Recipients in Group <i>(attach list):</i>
Discount Amount:	Basis for Discount:
Name of Group:	Number of Recipients in Group <i>(attach list):</i>
Discount Amount:	Basis for Discount:
Name of Group:	Number of Recipients in Group <i>(attach list):</i>
Discount Amount:	Basis for Discount:
Name of Group:	Number of Recipients in Group <i>(attach list):</i>
Discount Amount:	Basis for Discount:
Name of Group:	Number of Recipients in Group <i>(attach list):</i>
Discount Amount:	Basis for Discount:
Name of Group:	Number of Recipients in Group <i>(attach list):</i>
Discount Amount:	Basis for Discount:

Total Amount Discounted: \$ _____

Head Coach/Designee Signature:	Date:
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COMPLIANCE USE ONLY

Approved Denied

Compliance Signature:	Date:
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CAMP/CLINIC INFORMATION

Sport/Camp Name:	Date(s):
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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:
Name:	Refund Amount:
Basis for Refund:	Reference Number:

Total Amount Discounted: \$_____

Head Coach/Designee Signature:	Date:
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COMPLIANCE USE ONLY

Approved Denied

Compliance Signature:	Date:
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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:
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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 <i>(indicate if hourly, session, other)</i>	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:
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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 <i>(indicate if hourly, session, other)</i>	Total Hours/Sessions Worked	Total Compensation
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
Total Amounts:					\$

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

Head Coach/Designee Signature:	Date:	Compliance Signature:	Date:
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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:
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COMPLIANCE USE ONLY

Approved Denied

Compliance Signature:	Date:
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Kansas Athletics Compliance

Camps/Clinics: Compliance Income Statement (Form 11)

Camp Name:

Sport:

Date:

list amounts in blue boxes

Camp Income

Camp Fees	<input type="text"/>
Camp Fee Refunds (enter as negative)	<input type="text"/>
(Form 6)	
Corporate Sponsorship	<input type="text"/>
Concession Sales	<input type="text"/>
Merchandise Sales	<input type="text"/>
Other (please list):	<input type="text"/>
Total Gross Income	\$ -

Location of Camp - fill in blue box below

<input type="text"/>	% of activity off-campus (2.25% camp fee due to KAI)
<input type="text"/>	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)	<input type="text"/>
KAI Staff Salaries (Form 9)	<input type="text"/>
Student Athlete Payment (Form 10)	<input type="text"/>
Supplies	<input type="text"/>
Insurance	<input type="text"/>
Meals	
Coaches	<input type="text"/>
Camp Participants	<input type="text"/>
Entertainment	
Coaches	<input type="text"/>
Camp Participants	<input type="text"/>
Postage & Brochure	<input type="text"/>
Transportation	
Air	<input type="text"/>
Ground	<input type="text"/>
Facility Rental	
Athletics Complex	<input type="text"/>
Dorm	<input type="text"/>
Parking	<input type="text"/>
Telephone/Fax	<input type="text"/>
Other Expenses (please list):	<input type="text"/>
Total Expenses	-
Total Camp Net Income	<u><u>-</u></u>

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

**April 1, 2022 - April 1, 2023
Final Accounting and Premium Report**

Name of Policyholder: Kansas Athletics, Inc. dba: University of Kansas Sports Camps

Camp Name _____ Dates _____

Name of Person Completing Report: _____

Instructions:

Report your total premium due using the applicable rates below.

Coverage Type	# Campers	# Days	Rate	Premium
Basic Accident Medical: SR2014KS-P-050553	_____ X _____	_____ X _____	\$0.20 = \$ _____ (day)	
	_____ X _____	_____ X _____	\$0.50 = \$ _____ (overnight)	

TOTAL: \$ _____

Catastrophic Medical: SB21CCKS-P-050554	_____ X _____	_____ X _____	\$0.07 = \$ _____ (day)	
	_____ X _____	_____ X _____	\$0.16 = \$ _____ (overnight)	

TOTAL: \$ _____

General Liability KRO00000078989-00	_____ X <u> 1 </u>	_____ X _____	\$0.77 = \$ _____ (day)	
	_____ X <u> 1 </u>	_____ X _____	\$2.65 = \$ _____ (weekly)**	
	_____ X <u> 1 </u>	_____ X _____	\$3.41 = \$ _____ (overnight)**	

TOTAL: \$ _____

TOTAL PREMIUM DUE: \$ _____

**** Weekly rate is for three or more consecutive days. Overnight rate is for one or more consecutive days for overnight camps.**

- 1) Should you experience a claim, policy does not have a deductible for your sports camp.
- 2) Please send reporting form to **Mason Overton** at moverton@lockton.com to receive an invoice that includes payment remittance instructions
- 3) Direct questions to **Mason Overton** – (816) 960-9646 or moverton@lockton.com

I, the undersigned, certify the above information is true and correct to the best of my knowledge.

(Signature of Authorized Person)

(Date)