

# IPFW Athletic Department

## Student-Athlete Employment Form: Camp/Clinic Employment

### Student-Athlete Information:

Name:  Sport:

ID:  Email:  Phone:

Employment during (check all that apply):  Academic Year  Official Vacation Period  Summer

### Coach's Approval:

I give permission for the above Student-Athlete to obtain employment during the indicated time period.

\_\_\_\_\_  
Signature of Coach

\_\_\_\_\_  
Date

### Compliance Approval:

I indicate that this employment opportunity meets NCAA requirements.

\_\_\_\_\_  
Signature of Compliance Coordinator

\_\_\_\_\_  
Date

### Employment Information:

Institution:  Sport:  Location:

Camp Name:  Start Date:  End Date:

Supervisor Name/Title:  Phone:  Wages/Salary:

What duties will the be performed? (check all that apply)  Lecturing  Demonstrating  Supervising  Other

Will the Athlete's name, picture or athletics reputation be used to advertise or promote the camp or employer?  Yes  No

Will any brochures or advertisements include a reference to the student-athlete?  Yes  No

Will any other benefits be provided? (check all that apply)  Uniform  Meals  Transportation  Lodging

If so, are these benefits provided to all employees at the camp/clinic?  Yes  No <sup>TM</sup>

Will any cash advances be provided to the student-athlete for any reason prior to the camp commencing?  Yes  No

### Written Statement:

#### ***By signing below, the Student-Athlete and Employer agree to the following:***

- A student-athlete may not participate in organized practice activities during the camp (unless in playing season)
- Compensation must be at a rate commensurate with the going rate for camp/clinic counselors with similar teaching ability and experience.
- A student-athlete may not conduct their own camp/clinic.
- Student-athletes may not be compensated when only lecturing/demonstrating at a camp.
- All information provided on this form is accurate and if any changes occur the employer will notify the IPFW Compliance Office immediately.
- The student-athlete will be compensated only for the work they actually perform.
- The employer and student-athlete authorize release of his/her employment records to the IPFW Compliance Office in the event of an inquiry.

\_\_\_\_\_  
Signature of Student-Athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Employer

\_\_\_\_\_  
Date