

NON-INSTITUTIONAL CAMP STAFF EMPLOYMENT REQUEST FORM

LSU Staff Member Requesting Employment

Name of Camp/Clinic

Name of Camp Operator/Director

Camp Operator/Director Phone and Email Address

Dates of Camp/Clinic

Location

In accordance with NCAA Bylaw 13.12.2.3.6, an institution's athletics department personnel may serve in any capacity in a noninstitutional, privately owned camp or clinic, provided the camp or clinic is operated in accordance with all restrictions applicable to Division I institutional camps and clinics. These restrictions include, but are not limited to the following:

1. The purpose of the camp/clinic is to improve overall skills and general knowledge in the sport and should include specialized instruction.
2. The camp/clinic may not be conducted as a tryout camp or combine devoted primarily to agility, flexibility, speed and strength tests for prospects.
3. This camp/clinic is open to any and all entrants (limited only by number and age), which is reflected in any promotional materials.
4. This camp/clinic does not employ or give free or reduced admission privileges to any high school, preparatory school or two-year college athletics award winners.
5. A representative of an institution's athletics interests (Booster) shall not pay a prospect's expenses to attend camp.
6. This camp/clinic does not permit or arrange for a prospect to operate a concession to sell items related to or associated with the camp.
7. This camp/clinic is not established, sponsored or conducted by an individual or organization that provides recruiting or scouting services concerning prospects.
8. The cost of awards received from the camp/clinic are included in the admission fees charged to the participants.
9. There will be no recruitment activities (e.g., recruitment presentations, posters, highlight videos) during the camp/clinic.

Volleyball Only: Coaches and staff may not participate in a camp/clinic during a designated quiet period.

**** Please attach any materials used to promote the camp/clinic**

My signature below signifies that I recognize the following limitations per NCAA regulations, and to the best of my knowledge my camp/clinic is operated in accordance with the limitations noted above.

Signature of Camp Operator/Representative

Date

My signature below signifies that I recognize the following limitations per NCAA regulations, and to the best of my knowledge this camp/clinic is operated in accordance with the limitations noted above.

Signature of LSU Coach/Staff Member Seeking Employment

Date

FOR COMPLIANCE USE ONLY

APPROVED

DENIED

Compliance Office Signature

Date