



Camp/Clinic Employee Name: \_\_\_\_\_

Current Occupation: \_\_\_\_\_ Dates of Camp/Clinic: \_\_\_\_\_

Pursuant to NCAA Bylaw 13.12.2.2.4, Virginia Commonwealth University may not employ any individuals associated with a men’s basketball (grade 7-12) or women’s basketball (grade 9-12) prospective student-athlete in any athletics department camp or clinic for a two-year period before or after the prospective student-athlete’s actual enrollment at VCU.

An individual associated with a prospective student-athlete is defined as:

- Any person who maintains or directs others to maintain contact with a prospective student-athlete, the prospective student-athlete’s parents or legal guardians, or the prospective student-athlete’s coach; and
- Such contact is directly/ indirectly related to the prospective student-athlete’s athletic skills/abilities or for recruitment/enrollment at VCU.

Examples of individuals associated with a prospect could be any of, but not limited to, the following:

- Parents/Legal Guardians
- Relatives
- Coaches (high school/ college/ club)
- Strength Coach
- Personal/Skills Trainers
- Advisors

**To Be Completed by Camp/Clinic Employee:**

Consistent with the above definition for what constitutes “associated,” are you associated with any:

1. Men’s Basketball (grade 7-12) or Women’s Basketball (grade 9-12) prospective student-athletes or their parents, relatives, or coaches?  Yes  No
2. Current VCU basketball (men’s and women’s) student-athletes?  Yes  No
3. If yes #1, are any prospective student-athletes being recruiting by VCU?  Yes  No

If yes, please list name and describe your relationship with this/ these individual(s). Attach in additional pages if necessary.

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By signing below, I acknowledge that all information provided is complete and accurate to the best of my knowledge. I understand that this information will be used to ensure my camp/clinic employment with Virginia Commonwealth University complies with NCAA rules. I also agree to provide complete and truthful information regarding my relationship with any prospective or current student-athlete as requested by the compliance office to appropriately evaluate the relationship in accordance with any applicable NCAA rules. Further, I understand that an offer of camp/clinic employment may be rescinded or terminated if I withhold or provide incomplete information.

Camp/Clinic Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved  Denied

\_\_\_\_\_ Compliance Initials