VIRGINIA COMMONWEALTH UNIVERSITY



Manager Agreement

Name:	Spor	t:	V#:	
Term/Year:	E-mail:		Phone:	
-	efines a MANAGER as an indiv		_	erial duties
(e.g., equipment, launc	lry, hydration) and meets the f	following additiona	criteria:	
semester or quarter	be a full-time undergraduate of a degree program, he/shee/she is carrying (for credit) the	may be enrolled in	less than a full-time	program of
with drills, throw ba student-athletes on	participate in limited on-court tting practice) or competition a regular basis; not provide instruction to student	(e.g., assist with wa		_
d) The individual shall	not participate in countable a in Bylaw 11.01.6(b); and		ctivities (e.g., practio	ce player)
·	vidual shall forfeit any remain	ing eligibility in the	sport at the instituti	ion at which
ACCEPTANCE: My sign	ature below indicates that I ha	ave read and agree	to abide by the afor	ementioned
, ,	verning my position as a mana	· ·	•	
Manager:		Date:		
APPROVAL: My signatu	ire below represents my appro	oval of the above na	amed individual to a	ct as a
manager for the acade	mic term/year and sport name	ed above.		
Head Coach:		Date:		
Compliance Office:		Date:		