

To be Completed by Coach/Sport Administrator Prior to being submitted to Compliance:

By signing below, I understand the NCAA, ACC, and University requirements and regulations related to camps and/or clinics. I understand that I am required to adhere to legal requirements related to the conduct and running of camps and clinics.

Name of Camp

Dates of Camp

Camp Director Signature

Date

Head Coach Signature (if different)

Date

As Sport Administrator, I authorize this camp to take place subject to Compliance Approval.

Sport Administrator Signature

Date

<i>The following have been received and reviewed by the Compliance Office as requirements prior to advertising the camp:</i>	
<input type="checkbox"/>	Camp will take place during a permissible time period (appropriate months, not during a Dead Period, etc.)
<input type="checkbox"/>	Approved Camp Brochure, or Advertisements
<input type="checkbox"/>	Camp Description Form
<input type="checkbox"/>	Discount Form
<input type="checkbox"/>	Use of University Facilities Agreement
<input type="checkbox"/>	Camp Employee List (Must be submitted and approved by compliance prior to the start of camp)
Signature & Date of Compliance Review for Pre-Approved Forms:	

<i>The following have been received and reviewed by the Compliance Office as requirements 30 days following the conclusion of each camp session :</i>	
<input type="checkbox"/>	Camp Registration List
<input type="checkbox"/>	Discount List
<input type="checkbox"/>	Refund List
<input type="checkbox"/>	Mementos & Gifts List
<input type="checkbox"/>	Award List
<input type="checkbox"/>	Camp Employee Report(Updated with Changes)
<input type="checkbox"/>	Camp Financial Report
Signature & Date of Compliance Review for Post-Camp Forms:	

1. Sport _____
2. Name of Camp: _____
3. Camp Director/Supervisor: _____
4. Dates of Camp (Identify each session): _____
5. Any Restrictions on Participants?
(i.e. age, sex, grade) _____
6. Methods of Soliciting Participants:
(i.e. brochures, website, etc.) _____
7. Approximate number of Attendees: _____
8. Approximate number of Employees:
 - a. # of Student-Athletes: _____
 - b. # of UM Staff & Coaches: _____
 - c. # of Outside Coaches: _____
 - d. # Other (Please explain): _____
9. Will Prospects be employed? _____
10. Facilities and Equipment Required: _____
11. Special Arrangements for Participants:
 - a. Room: _____
 - b. Board: _____
 - c. Transportation: _____
12. Special Arrangements for Employees:
 - a. Room: _____
 - b. Board: _____
 - c. Transportation: _____
13. Awards or Merchandise Provided:
 - a. Participation Award: _____
 - b. Achievement Awards: _____
 - c. Special Prizes: _____
14. Concession Arrangements:
 - a. Who is handling concessions? _____
 - b. What types of merchandise? _____
15. Will the camp be sponsored by any outside Organization/corporation/individual? _____

Signature of Coach/Camp Director

Date

Camp Name: _____ **Dates of Camp Sessions:** _____

Group Discount is any discount based on attendance by multiple campers. Group discounts are available to all who meet the published group criteria.

Individual Discount is any discount based on the characteristics of an individual camper. High school, prep school and two-year letter award winners are not permitted to receive individual discounts.

NCAA Bylaw 13.12.1.7.1

An institution, members of its staff or representatives of its athletics interests *shall not employ or give free or reduced admission privileges to a high school, preparatory school or two-year college athletics award winner* or any individual being recruited by the institution per Bylaw 13.02.13.1. For purposes of this rule, a high school includes the ninth-grade level, regardless of whether the ninth grade is part of a junior high school system.

Official Interpretation, 8/27/2009

An institution may offer discounted admission to any individual based on objective criteria unrelated to athletics abilities, *provided such discounts are published and available on an equal basis to all who qualify.*

Staff Interpretation, 4/6/1994

It is permissible for an institution to provide free or reduced admission to attend the institution's camp/clinic to individuals who are not high-school, prep-school or two-year college athletics awards winners and who are not being recruited by the institution to participate in its intercollegiate athletics program. The provision of reduced-admission privileges to selected individuals who are not athletics award winners is not considered an offer or inducement; however, *such individuals, even those below the ninth grade, who receive such privileges would be considered prospective student-athletes.*

The Individual Discounts for this camp will be: _____

The Group Discounts for this camp will be: _____

The Refund/Proration Policy for this camp is: _____

To the best of my knowledge, this form has been completed as accurately and thoroughly as possible. I agree to notify the Compliance Office when additional information or changes to the information becomes available.

Signature of Coach/Camp Director

Date



UNIVERSITY OF MIAMI – CAMP REGISTRATION FORM

Contact Information

Name of Camp: _____

Dates of Camp: Arrival _____ Departure _____

Description of Camp: _____

Web Site: _____

Permanent Business Address Information

Legal Name of Organization/Business: _____

Address: _____

City/State/ZIP: _____

Business Phone: () _____ Business FAX () _____

Contact Person Name/Title: _____

E-mail address: _____

On-Site (While on UM Campus) Camp Contact Info (Required)

1. Camp Director: _____

Cell Phone: () _____ E-mail address: _____

2. Additional Camp Name/Title: _____

Cell Phone: () _____ E-mail address: _____

3. University Camp Liaison (UM Employee): _____

Title and Department: _____

Campus e-mail: _____

UM Office Phone: () _____ Cell Phone: () _____

Affidavit

I, _____, attest that the information on this form and attached documents is true and correct to the best of my knowledge.

Signature and Date: _____

Camp Times/Locations

Primary UM Campus Facility: _____

Additional Facilities (Lodging, Meals, Recreation, etc.): _____

Specific Structure: ☐ Day Conf./Camp/other, Mon-Fri ☐ Day Conf./Camp/other, Includes Sat or Sunday

☐ Overnight Conf./Camp/other, Mon-Fri ☐ Overnight Conf./Camp/other, Includes Sat/Sun

Specific Times: _____ Pre-Care begins Lunch Break: _____ to _____

_____ Sessions Begins

_____ Sessions Ends Other Break?: _____ to _____

_____ Aftercare Ends Type: _____

Parent/Camper Pickup and Drop-off Location (s): _____

Will Parking Passes Be Required for Conf./Camp/other Administration Counselor?

☐ No ☐ Yes (number) _____

Conf./Camp/other Participants: Total Expected per Day _____ Total for Conf./Camp/other _____

Conf./Camp/other Participant Age (s):

☐ Adult (23+) ☐ College(18-22) ☐ Teen (13-17) ☐ Youth (9-12) ☐ Elementary (5-8)

_____ # _____ # _____ # _____ # _____

Staff/Counselors on Duty per Day: _____ Ratio of Participants to Staff/Counselors: _____

Staff/Counselor Training, Certifications or Experience (UM Faculty or Staff, Miami-Dade teachers, School of Education Students, etc.) _____

Please attach copies of the following:

- Summer Camp Daily Program or Schedule
- Flyer, Brochure, or Letter advertising Summer Camp, or other print publicity
- Any additional documents that explain or clarify details related to the Summer Camp

Camp Name: _____ **Dates of Camp Sessions:** _____

You must submit a separate Camp Employee List for **EACH** camp session you run. Please use the back of this form for additional names.

Name	Employment/Affiliations (e.g. school, team, employer)	Rate of Pay (Must Be Going Rate)	Other Compensation (e.g. transportation, lodging)	Responsibilities (e.g. counselor, speaker)

I understand this list must be submitted two weeks prior to the start of each clinic and must include all employees who intend to work my clinic (including student-athletes, volunteers, etc.). Furthermore, I understand that no employee may begin work until the business day following written Compliance approval. Should this camp employee list change or be revised, I understand that it is my responsibility to provide the compliance office with an updated list.

Signature of Coach/Camp Director

Date

[illegible]



Athletics Camps Insurance Approval Form

Coach): _____

Camp Name: _____

Camp Site Address: _____

Start Date: _____ End Date: _____

Description of Activities: _____

Expected number of campers: _____

Ages of campers: _____

Please send this completed form to Risk Management along with a certificate of insurance.

Phone: 305-284-3163 Fax: 305-284-3405

Email: MGresham@Miami.edu or RiskManagement@Miami.edu

FOR RISK MANAGEMENT PURPOSES ONLY – (Do not write in the space below)

Insurance	Yes/ No	Coverage Limits
General Liability		
Molestation Coverage		
Additional Insured		
Approved / Denied		

RM Comments: _____

Attachments

Please attach copies of the following to this Use Agreement (for all that apply):

- Tax-Exempt Form (if claiming tax exempt status; if not, 7% Florida Sales Tax will apply)
- Certificate of Insurance (General Liability naming UM as additional insured)
- Summer Camp Daily Program or Schedule
- Flyer, Brochure, or Letter advertising Summer Camp, or other print publicity
- Contract/Agreement with Chartwell's Dining Services for any food services required
- Contract/Agreement with UM Dept. of Residence Halls for any housing requirements
- Any additional documents that explain or clarify details related to the Summer Camp