



University of Tennessee Non-Institutional Clinic/Camp Clearance
Athletics Compliance Office **2010-11**

In order for a University of Tennessee athletics department employee to be employed or participate in a non-institutional camp/clinic, applicable NCAA and SEC Bylaws must be followed **and** this form must be completed and approved prior to the beginning of the camp/clinic.

Either A or B must be satisfied

- A.** An institution's athletics department personnel may serve in any capacity (e.g., counselor, guest lecturer, and consultant) in a non-institutional, privately owned camp or clinic, provided the camp or clinic is operated in accordance with restrictions applicable to institutional camps. All of the following conditions must be satisfied:
- (a) Open to any and all entrants (limited by age and number).
 - (b) No free or reduced admissions to a high school or preparatory school student (9th grade or later).
 - (c) No employment of athletics award winners.
 - (d) Participants do not receive a recruiting presentation.
- B.** An institution's athletics department personnel may serve in any capacity at a non-institutional camp or clinic conducted under the following conditions:
- (a) The camp or clinic is designed to develop fundamental skills in a sport (rather than refine the abilities of skilled participants in the sport).
 - (b) The camp or clinic is open to the general public (except for restrictions in age or number of participants).
 - (c) The camp or clinic is conducted primarily for educational purposes and does not include material benefits for the participants (e.g., awards, prizes, merchandise, gifts).
 - (d) Participants do not receive a recruiting presentation.
 - (e) All participants reside in the state in which the camp/clinic is located or within 100 miles of the camp/clinic.

In addition please provide a camp/clinic brochure with this completed form.

By signing below I agree to the conditions outlined above and will notify the University of Tennessee Coaching staff of any changes that may affect directly or indirectly compliance with all appropriate NCAA Bylaws, in writing, prior to the beginning of the camp/clinic. **Please indicate whether you are satisfying A or B.** (Circle one)

Camp/Clinic Director Signature: _____ Date: _____
 Print name: _____

Below the dotted line is to be completed by the University of Tennessee

By signing below I agree to follow all NCAA Bylaws concerning my employment and/or participation in the camp/clinic. Also, I agree to forward any changes made to the camp to the compliance office for re-approval prior to the start of the camp/clinic. In addition, if changes are made with or without your knowledge you are responsible and will be held accountable.

UTAD Employee Signature: _____ Date: _____

UTAD Administrator Approval: _____ Date: _____

Compliance Office Signature: _____ Date: _____