The Student-Athlete Employment Agreement MUST be completed by all IUPUI student-athletes employed at an institutional

ion I - Camp Details		
Student-Athlete Name:		Name of Camp/Clinic:
Camp/Clinic Start Date:	Start Time:	End Date: End Time:
on II - Employment Details		
Total Pay (per hour):	Total Hours:	Camp Title:
Did you receive travel expenses	or were you provided with tra	nsportation for this camp/clinic?
If yes, please provide de	tails:	
List all responsibilities of your employment at the		
ion III - Relevant NCAA Bylaws	<u> </u>	
his or her institution's camp to ca	mpers or others in attendance	not operate a concession to sell items related to or associated velocause such an arrangement would be considered an extra ete at a reasonable rate to perform such services for the camp.
NCAA Bylaw 13.12.2.1		
	nust perform duties that are o	c must meet the following requirements: of a general supervisory character in addition to any coaching o
5 5		all be commensurate with the going rate for camp or clinic

- counselors of like teaching ability and camp or clinic experience and may not be paid on the basis of the value that the student-athlete may have for the employer because of the athletics reputation or fame the student-athlete has achieved. It is not permissible to establish varying levels of compensation for a student-athlete employed in a sports camp or clinic based on the level of athletics skills of the student-athlete.
- (c) A student-athlete who only lectures or demonstrates at a camp/clinic may not receive compensation for his or her appearance at the camp/clinic.

NCAA Bylaw 13.12.2.1.5

Section IV - Student-Athlete Certification

In sports other than bowl subdivision football, a member institution (or employees of its athletics department) may employ its student-athletes as counselors in camps or clinics, provided the student-athletes do not participate in organized practice activities other than during the institution's playing season in the sport.

I have read the relevant bylaws above and certify that no violation was committed during my employment at this camp/clinic.
Furthermore, I verify that the information provided on this form is complete and accurate.

Student-Athlete Signature: Date: Student-Athlete Name (Print):