



**THE UNIVERSITY OF TEXAS**  
**ATHLETICS COMPLIANCE SERVICES**  
**Camp/Clinic General Employee Questionnaire**



***This form must be completed by all camp/clinic employees not employed by or affiliated with The University of Texas (e.g., high school coaches, two-year college coaches, etc.) prior to the start of the camp/clinic. No camp employee will be compensated without this form approved and on file with the Compliance Office. Questions? Contact us at 512-471-7285.***

**Name** (please print legibly) \_\_\_\_\_ **Sport Camp and Dates** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ **Email** \_\_\_\_\_

*Please read thoroughly, initial by each statement and sign and date below that you understand and agree to the following NCAA provisions surrounding your employment with The University of Texas. By signing you also affirm that all information you provide is truthful, accurate, and you understand that a violation of any of the below provisions could affect your association with the institution or the eligibility of any involved athletes.*

1. Are you a high school, prep school or two-year college coach?      Yes \_\_\_\_\_ No \_\_\_\_\_
  - a. If **YES**, what is the name and location of your school?  
 Name of School/College: \_\_\_\_\_ City/State: \_\_\_\_\_
  - b. If **NO**, are you a high school student enrolled in grades 9 through 12?      Yes \_\_\_\_\_ No \_\_\_\_\_
  - c. If **NO**, are you affiliated, related to, or have knowledge of any prospects being recruited by the University of Texas?      Yes \_\_\_\_\_ No \_\_\_\_\_
    - o Name of prospect(s)? \_\_\_\_\_
    - o What is/are your relationship to the prospect(s)? (check one)
      - \_\_\_\_\_ Parent
      - \_\_\_\_\_ Sibling
      - \_\_\_\_\_ Relative
      - \_\_\_\_\_ Friend
      - \_\_\_\_\_ Other: \_\_\_\_\_

**As a camp/clinic employee of The University of Texas, you understand and will immediately report any discrepancies regarding the following statements to the Compliance Office or Camp Director (please initial by each statement):**

2. \_\_\_\_\_ I understand that I must be compensated at a rate commensurate with the going rate for camp or clinic (initial) counselors of like teaching ability and camp or clinic experience.
3. \_\_\_\_\_ I understand that I may not be paid on the basis of the value that I may have for the coaching staff (initial) because of my reputation or contact with prospects.
4. \_\_\_\_\_ I understand that I may not be compensated or reimbursed based on the number of campers I send (initial) to the camp.
5. \_\_\_\_\_ I am not a prospect-aged individual in grades 9 through 12. (initial)
6. \_\_\_\_\_ I am not affiliated (coach, trainer, advisor) with a men's basketball prospect (grades 9 thru 12) (initial) currently being recruited by The University of Texas

\_\_\_\_\_  
 Camp/Clinic Employee Signature

\_\_\_\_\_  
 Date

**Compliance Office Use Only:**

Compliance Signature \_\_\_\_\_ Date Approved \_\_\_\_\_

Texas Volleyball Camp