



Camp/Clinic Pre-Approval Form

This form must be submitted to the compliance office at least one week prior to the start of any institutional (Bellarmine) or outside camp/clinic.

Sport: _____ Coach: _____

Is this an institutional (Bellarmine) or outside camp/clinic? _____

Name of camp/clinic administrator: _____ Administrator phone number: _____

Administrator email: _____

Dates of camp/clinic: _____ Grades/ Age Group of participants: _____

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|-----|--|------------|-----------|
| 1. | What is camp/clinic charge per session? | \$ | _____ |
| 2. | Will discounts be provided to any camper? | YES | NO |
| 3. | Please list discounts that will be provided and to whom: | _____ | |
| 4. | Will the camp/clinic provide group discounts? | YES | NO |
| 5. | Please list what the published standards for group discounts will be? | _____ | |
| 6. | Where will this camp/clinic be advertised?
(identify camp/clinic website and/or attach brochure) | _____ | |
| 7. | Will this camp/clinic be open to any an all entrants limited only by age/number/gender? | YES | NO |
| 8. | Will slots be reserved for specific prospects? | YES | NO |
| 9. | Will this camp/clinic employ prospects in any capacity (i.e., concessions, counselors, demonstrators, etc.)? | YES | NO |
| 10. | Is this camp/clinic solely devoted to testing the agility, flexibility, speed and strength of prospects? | YES | NO |
| 11. | Is this camp/clinic designed to improve overall skills and general knowledge in the sport? | YES | NO |
| 12. | Does the camp/clinic include instruction? | YES | NO |
| 13. | Does the camp/clinic permit outside organizations/agencies/ individuals to pay for camp admission? | YES | NO |

14. Please list outside organization/agencies/ individuals who may pay for camp admissions for participants?

15. Is the camp/clinic sponsored or conducted by an individual or organization that provides recruiting or scouting services concerning prospects? **YES** **NO**
16. Are any current Bellarmine student-athletes or Bellarmine prospective student-athletes employed by the camp/clinic?
 (list SAs and PSAs below or attach roster) **YES** **NO**
17. What are their functions/responsibilities?

18. Is this camp/clinic conducted during a Dead Period? **YES** **NO**
19. Will campers be provided with awards/mementos? **YES** **NO**
20. Please list the types of awards/mementos that will be provided:

21. Will the cost of these awards/mementos be included in the admission price to the camp/clinic? **YES** **NO**

Additional information is required below for institutional (Bellarmine) camps only:

22. Identify institutional facilities that will be utilized: _____

23. List all individuals who will be working the institutional camp/clinic and identify their category. Attach a separate list if necessary. Include all employees (including unpaid).

NAME	EMPLOYEE IS (indicate one):	
	* BELLARMINE EMPLOYEE * PROSPECTIVE STUDENT-ATHLETE	* BELLARMINE STUDENT-ATHLETE * OTHER (specify, i.e. HS coach, former SA)

Coach signature

Date

Compliance Signature

Date