

# ALCORN STANDARD OPERATING POLICY (ASOP)

## POLICY # 2017-02

**Subject: Camps**

**Purpose: TO ESTABLISH THE UNIVERSITY WIDE GUIDELINES FOR THE OPERATIONS OF ALL CAMPS AT ALCORN STATE UNIVERSITY**

**Effective Date: May 1, 2017**

---

### I. PURPOSE:

Alcorn State University (ASU/University) encourages the use of its facilities, on a space available basis, for summer youth programs. Though such programs should not take precedence over programs designed for enrolled students, there are many important reasons why the summer camp programs are to be encouraged by the University and its employees. Summer youth programs attract many young professionals to the University, many of who will be highly qualified for future University admission. Summer programs also provide an excellent opportunity to acquaint a large number of people with ASU in a short period of time. It also helps with ASU's outreach efforts (particularly those aimed at youth), and faculty involvement in the same, can be promoted, and the reputation of ASU is enhanced by effective summer youth programs. Therefore, ASU will host a wide variety of summer programs, clinics, workshops, and conferences each summer. This policy is intended to provide guidance to those involved in these types of activities. For purposes of definition, this policy covers the following types of summer programs:

Those which include minor child participants under the age of nineteen (19) years who are here for some type of instructional or athletic program that involves the use of ASU academic, dining and athletic facilities including those in which participants remain overnight in on-campus residence halls.

## TABLE OF CONTENTS

Level of Care .....	3
Eligibility .....	3
Campus Sponsor .....	3
Responsibilities of Campus Sponsor .....	3
Responsibilities of Campus Director .....	4
Qualifications of Camp Counselors/Staff .....	4
Facility Use Request .....	4
Priority for Facility Use .....	5
Announcement of Camps .....	5
Camp Specific Requirements .....	5-6
Dining Services .....	6
Housing/Residence Services .....	7
Camp Evaluations .....	7-8
Camp Fees & Internal Controls .....	7
Camp Security .....	7
Insurance .....	8
Camp Literature .....	8
Camp Training .....	8-9
Camp Refund Policy .....	9
Appendices.....	10-20
Athletic Specific Policies .....	22-38
Administration Approval.....	21 & 39

## LEVEL OF CARE

The level of care and supervision appropriate for an enrolled student at the University is not necessarily the same as that which is appropriate for a summer camp participant. Therefore, it is imperative that campers be overseen in a manner that is appropriate and intended to keep them healthy and safe while visiting the University. ASU and its employees will provide a reasonably safe environment for participants in the various programs sponsored by the University and will ensure that clients/participants using ASU facilities for their activities do the same.

## ELIGIBILITY

All ASU departments or campuses are eligible to conduct summer youth programs intended to promote the mission of ASU. **However, an outside person or organization wishing to use University facilities to conduct a camp, clinic, workshop, or conference on any of ASU campuses must have a Campus Sponsor.**

## CAMPUS SPONSOR

Campus Sponsor must be a University department or a registered group of student, staff, or faculty member(s) that is willing to act as liaison between the University and the Camp Director for the camp. Specific responsibilities of the Campus Sponsor are described below. All arrangements for campus support should be made by the Campus Sponsor and all expenses associated with the camp should be paid by or from the account set up by the Campus Sponsor. The Campus Sponsor will also serve as the camp liaison with all University departments providing support to the camp activity. In the event a group desiring to conduct a camp at ASU and does not have a Campus Sponsor, the group should be referred to Finance and Administration, the designated unit at ASU for providing such camp liaison and support. All groups conducting summer youth programs on campus will need to have a Certificate of Sponsorship Form completed (see appendix). Certificate of Sponsorship form must be signed and approved by the University Vice President of Finance & Administration.

## Responsibilities of Campus Sponsor

Responsibilities of a Campus Sponsor. The Campus Sponsor will:

1. Serve as liaison for the sanctioned camp;
2. Coordinate arrangements for use of University facilities in accordance with University scheduling regulations;
3. Ensure that a Certificate of Sponsorship Form is put into force, if appropriate, a contract with the client group conducting the camp;
4. Acquaint Camp Director with University policies, emergency procedures, and facilities layout;
5. Provide an Emergency Locator List for Summer Camp participants, with a camp schedule, to the ASU Campus Police and the office of the Vice President of Finance & Administration no later than 3 hours after the end of camp registration.

6. Be accessible in emergency situations;
  7. Check on any damages reported;
  8. Ensure camp fees are collected and a University receipt issued to all camp participants;
  9. Ensure all fees collected are turned into the University Cashier Office on a daily basis;
  10. Request the appropriate budgetary and other accounts are set up to track income and expenses of the camp;
  11. Responsible for requisitioning services and/or goods needed for the camp;
  12. Ensuring that an adequate fee structure is calculated and utilized to cover all camp expenses;
- University employee(s) will not be compensated for sponsoring camps.**

## Responsibilities of Camp Director

The Camp Director will be directly responsible for the day-to-day activities of camp and this may or may not be someone with University affiliation

The Camp Director will:

1. Select counselors and staff for the camp (preferably at a ratio no smaller than one counselor/staff member to 1:10 Ratio)
2. Inspect camp facilities immediately prior to and after the camp session;
3. Advise participants of appropriate check-in and check-out procedures including charges for damages and lost keys;
4. Familiarize participants with University policies, especially those pertaining to fire and emergency evacuation procedures, appropriate conduct, possession of controlled substances and fire arms, and authorized entry into rooms;
5. Maintain discipline of participants;
6. Advise Resident Manager (or University contact) of supply and maintenance issues in residence hall;
7. Coordinate approval of invoices for University services and facilities;
8. Provide guidelines to camp staff for protecting minors from emotional and physical abuse and neglect;
9. Instruct camp staff of their duty to immediately report abuse or neglect of one of the campers.

## QUALIFICATIONS OF CAMP COUNSELORS/STAFF

1. Background checks must be completed for those who will be directly involved with children. ASU is committed to ensuring the safety and well-being of minors who are entrusted to the care of the University.
2. Camp Counselors who will be driving as a part of their duties must have a valid driver's license and proof of insurance to operate the type of vehicle to be used.
3. Camp Counselors are expected to be familiar with and adequately trained to provide the services expected of them.

## Facility Use Request

After obtaining campus sponsorship, the next step for the Camp Sponsor is to submit a copy of the Certificate of Sponsorship along with a completed Request for Use of Facility (RUF) (see **Appendix**) to the Summer Coordinating and Scheduling Committee. Request for Facility Use Form should include an account number and billing address. For rental fees for use of certain University facilities see the University Rental Faculty policy at [www.alcorn.edu/usefacilities](http://www.alcorn.edu/usefacilities)

## Priority for Facility Use

Priority for Facility Use at ASU will be given to internal activities, particularly academic activities that are intended for ASU students. Beyond that, the Summer Coordinating & Scheduling Committee (SCSC) is tasked to make decisions about which requests are to be given priority when there are competing demands for facilities. Every attempt will be made to arrange a mutually satisfying solution among all parties. In the event that is not possible, a decision will be made which is in keeping with the best interests of ASU. Consideration will be given, when appropriate, to past experience with a client and a realistic assessment of the ability of each activity to produce the benefits, which the University attempts to derive from its summer youth program.

## ANNOUNCEMENT OF CAMPS

In order to be considered as a camp sponsored or approved by the University, a completed Certificate of Sponsorship Form and Request for Use of Facility (RUF) Form shall be submitted no later than May 25. All camps will be considered and approved by the Summer Coordinating & Scheduling Committee (SCSC). After the SCSC approves all camps, a master camp schedule for the upcoming summer session will be posted on the ASU website BY June 1. Camps that have not been approved by the SCSC will not be posted on the ASU website. Any camp operating without ASU approval will immediately be shut down and will assume all risk of liabilities.

## CAMP REQUIREMENTS

In order to provide a reasonably safe environment for participants in summer camp activities, each Camp Director should ensure that certain precautions are taken. Other precautions that shall be undertaken are to:

- Ensure Qualified Counselors/Staff are available;
- Ensure background checks are completed and evaluated prior to the volunteer or employee beginning work with minors. The University is committed to ensuring the safety and well-being of minors who are entrusted to our care or visit our campuses;

- Make sure that those who will be driving as a part of their duties must have a valid driver's license and insurance to operate the type of vehicle to be used;
- Make sure adequate training is provided in order that staff members are qualified to direct the activities scheduled;
- Make sure parents are aware of the type of activities in which their child may participate;
- Make sure known risks associated with each activity is clearly explained to parent(s);
- Make sure safety instructions are made available and are easily understood; and make sure that waivers (Hold Harmless Agreements - see Appendix) are signed by all participants (or parents when participants are under the age of 19).
- Make sure current physicals are completed for camps involving vigorous athletic activities; Participants should be placed in the appropriate physical condition for the activity they are participating;
- Ensure that participants are placed in the correct skill level for the activity scheduled • and design questions to ensure a participant's level of ability are appropriate; however, questions about disabilities are not permitted;
- Ensure that an adequate ratio of staff to participants are maintained at all times; particularly when in residence halls (1:10 ratio);
- Make sure that all water related activities require certified lifeguards;
- Make sure ASU Campus Police is made aware of the camp and its daily schedule;
- Provide acceptable procedures for releasing children from camp should be followed (pay particular attention to procedures followed in accepting/releasing commuters).
- Make sure camp grounds and equipment are inspected prior to and during the camp for safe conditions;
- Making sure equipment is kept in a safe condition and suitable for intended use;
- Make sure that vehicles used for transportation is inspected by the Transportation Department;

## **DINING SERVICES**

Sodexo Dining Services are the primary dining services for all camp meals, but other types of dining arrangements can be made available through Sodexo. For Sodexo dining options and rates, please contact Sodexo at 601-877-4063.

## HOUSING/RESIDENCE SERVICES

Housing/Residence Services at the University will make residence halls available to camps on a space available basis during the summer months. Camp staff is solely responsible for providing supervision and security in the residence halls. Each residence hall has a Resident Manager (RM) and Assistant Resident Manager (ARM) that can assist with logistical and maintenance requests. Campers will be issued an individual room key/card. Camp staff will be provided access cards to the external doors of assigned buildings. **Other services such as laundry needs must be arranged and handled by the camp staff as well.**

## CAMP EVALUATIONS

Where feasible, participants/parents should be asked to complete an evaluation at the end of the camp. The results should be summarized, analyzed, and retained by the Campus Sponsor as a measure of participant satisfaction. These evaluations should be used to improve overall camp objectives.

## CAMP FEES & INTERNAL CONTROLS

The Camp Sponsors and the Camp Directors are responsible for setting fees for all camp services. All camp fees/income and expenses will be tracked in a designated account. **There must be separation of duties between the person processing the camp registration forms and the person receiving the payment and preparing the deposit. A university approved receipt must be submitted for all camp fees.** All forms of cash (currency, checks and credit card transactions) must be safeguarded and immediately taken to (within 3 hours of receiving it) the University's Cashier Office. Also, the University will not be responsible for any shortfall of camp expenses.

**All checks for fees should be payable to "Alcorn State University" and an official university receipt shall be attached to all payments turned into the cashier office. No camp is allowed to establish a separate bank account to collect fees and contributions. Disciplinary actions including up to terminations will be administered to anyone who violates this specific rule.**

## CAMP SECURITY

For camps held on ASU campus, security, in general, will be the responsibility of the camp staff and ASU Campus Police. During the program day, camp staff will be expected to stay with campers at all times except for specific programmatic activities in which it might not be reasonable or appropriate to remain with them; e.g., shopping at the Mall, certain types of recreational activities, etc. If such unsupervised activities are planned, care should be taken to make sure each child's parent(s) are made aware of it and agree to have the child participate.

At night, a sufficient number of camp staff/coaches/sponsors/counselors should remain with campers in the residence halls to provide control and security.

In order that ASU Campus Police may assist in providing security, the Emergency Locator List for ASU Summer Camps should be provided to ASU Campus Police and the Vice by the Campus Sponsor or Director no later than 3 hours after Camp Registration ends and include the following information:

- Name of the camp;
- Contact persons and phone numbers of each participant;
- Locator list indicating where campers are staying overnight;
- In order to put this information in the appropriate hands, the Campus Sponsor or Camp Director shall call the ASU Campus Police and the Vice President of Finance & Administration office to advise that the Emergency Locator List for ASU Summer Camp form has been emailed. The Camp Sponsor shall then email the list to both departments. This information will allow the ASU Campus Police to better respond to emergency phone calls; to recognize camp participants; to inform patrols of campers' whereabouts; and to be alert for unusual activity in the vicinity of the camps.

## **INSURANCE**

ASU does not provide Accident / Medical Insurance coverage for camps or the participants. In the event of illness or injury requiring treatment, hospitalization, or surgery, family medical insurance must be made available and will be used.

## **CAMP LITERATURE**

Camps not sponsored by the university are not permitted to use the school name in camp advertising. The university requires the Camp Sponsor to submit copies of advertising literature for review prior to receiving approval to operate as an ASU sponsored camp.

## **CAMP TRAINING**

The University requires all authorized adults or program staff working with minors to be trained on policies and issues related to minor health, wellness, safety, and security. This training will be conducted by the SCSC committee and must be completed annually by all staff working with minors. The University may charge camps a fee for training material. Documentation of training completion is required to be maintained by the Camp Sponsor. Training will address the following topics:



- Detecting and reporting abuse or neglect
- First aid/CPR and medication management
- Participant conduct management and disciplinary procedures
- Authorized Adult or Program Staff Code of Conduct
- Sexual and other unlawful harassment
- Clery Act
- Safety and security protocols
- Use of and access of ASU computer labs (Access request must be submitted to CITS helpdesk, five working days before the start of the camp.  
Use of ASU laundry machines, if needed

## **CAMP REFUND POLICY**

**48-hour Registration Grace Period:** If you register for a camp in error and subsequently would like to cancel your registration, you must notify the camp director via email within 48 hours from the time you registered. A full refund will be given provided written documentation is received within the 48 hour window.

Refunds are only permitted up to 10 days before the start of camp. For commuters and day camps, a refund may be granted, less a \$50 administrative fee. For residential camps a refund may be granted, less a \$75 administrative fee.

After the 10-day window, only requests supported with proper medical documentation demonstrating illness or injury that prevents the camper from participating in camp will receive a refund minus the administrative fees. No refunds are provided for a camper that departs camp early for any reason including injuries sustained at camp.

**Please note:** Non-refundable payments for campers who withdraw may be converted to a donation to the University

## **Appendices**

<b>Certificate of Sponsorship.....</b>	<b>11</b>
<b>Request for Use of Facilities Form.....</b>	<b>12</b>
<b>Emergency Locator List for Summer Camps.....</b>	<b>13</b>
<b>Rules Camp Participants and Parents should Know.....</b>	<b>14-15</b>
<b>Informed Consent, Voluntary Waiver Release of Liability... </b>	<b>16-17</b>
<b>Confidential Medical Information.....</b>	<b>18-20</b>

# Certificate of Sponsorship

**(Please submit a signed certificate for each camp to be sponsored)**

I, the undersigned, acting as a representative of ASU Department, campus or registered group of students, staff or faculty member am willing to assume the responsibility of serving as **Camp Sponsor** for the camp purpose/activity describe below. I understand that, as Camp Sponsor, my department or campus is guaranteeing funds will be paid to cover all costs associated with this camp. A nonrefundable deposit of \$200 (payable to Alcorn State University) is enclosed for the purpose of reserving the ASU facility specified on the attached Request for Use of Facility Form. The deposit will be refunded in full if ASU is unable to reserve the facility as requested. I have read the current ASU Summer Camp Policy as posted on the Summer Camp web page and understand that, as Camp Sponsor, I will have the following responsibilities:

1. To serve as liaison with all University agencies supporting the camp;
2. To coordinate arrangements for use of University facilities in accordance with University scheduling regulations;
3. To have put into force, if appropriate, a contract with the client group conducting the camp;
4. To acquaint the Camp Director with University policy, emergency procedures, and facilities layout;
5. To provide an Emergency Locator List for Summer Camps (with a camp schedule to be provided to the ASU Campus Police, and the Vice President of Finance and Administration and the appropriate Housing personnel no later than 3 hours after camp registration ends;
6. To be accessible in emergency situations; and maintain necessary reports and documentation;
7. To assist, as required, with check-out of campers;
8. To check on any damages reported;
9. To coordinate approval of invoices for University services and facilities.

**Purpose of Camps: (Attach a separate sheet if needed)**

\_\_\_\_\_  
\_\_\_\_\_

Anticipated Attendance: \_\_\_\_\_

On-Campus Housing Needed: Yes \_\_\_\_\_ NO \_\_\_\_\_

Camp Sponsored: \_\_\_\_\_ Desired Camp Dates: \_\_\_\_\_

Camp Director: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Sponsoring Department: \_\_\_\_\_

Name of Representative: \_\_\_\_\_

Campus Email \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Alcorn State University  
1000 ASU Drive #509  
Lorman, MS 39096  
601-877-3367 (office) or 601-877-6219 (fax)

---

### Request for Use of University Facilities

(Please submit at least 5 working days in advance)

Current Date: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Time of Event: \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

Name of organization requesting building usage: \_\_\_\_\_

Organization Status: ( ) Registered Organization ( ) University Related Organization ( ) Community Group/Individual

Address (City/State): \_\_\_\_\_

Contact Person/Office: \_\_\_\_\_ Advisor, if applicable \_\_\_\_\_

#### Type of Function/Meeting

- Business Meeting
- Conference
- Public Access (specify activity) \_\_\_\_\_
- Other, Please specify \_\_\_\_\_

#### Purpose of Function/Meeting:

\_\_\_\_\_

Media Equipment Need: \_\_\_\_\_

Anticipated Attendance: \_\_\_\_\_

Please check the room(s) requesting for usage:

- Chapel (Requires a Rental Fee)
- Student Union (Ball Room-Requires Rental Fee)
- ASU Pavilions (Requires a Rental Fee)
- Natchez Campus Facilities
- Vicksburg Campus Facilities

#### AREAS Facilities

- Ray Johnson Assembly Center Requires a Rental Fee)
- Ecology Building Conservatory (Requires a Rental Fee)
- Morris/Boykins Auditorium (Requires a Rental Fee)
- Administrative Conference Room (110F) (Extension and Research Complex)
- Upstairs Conference Room (220/230) (Extension and Research Complex)
- Upstairs Conference Room (260D) (Extension and Research Complex)
- Multi-Use 2 Room (260 A) (Extension and Research Complex)
- Multi-Use 3 Room (260 C) (Extension and Research Complex)
- Employee Lounge Room (165) (Extension and Research Complex)
- Nutrition Lounge Room (140) (Extension and Research Complex)

Room Available: \_\_\_\_\_

Signature of Contact Person: \_\_\_\_\_ Signature of Advisor, if applicable \_\_\_\_\_

Approval by Director of Operations/Facilities Management \_\_\_\_\_ Date: \_\_\_\_\_

## **Emergency Locator List for Summer Camps**

To promote situational awareness and enhance security of summer camp operations, Campus Sponsor should provide an Emergency Locator List for their summer camps no later than 3 hours after camp registration ends.

The emergency locator list should include the following information:

- Name of Camp
- Contact Person and phone numbers
- Locator list indicating where campers are staying overnight, if applicable
- Daily Schedule

Send the completed locator list to the following departments:

ASU Campus Police: Email to \_\_\_\_\_ Call 601-877-6666 to confirm

ASU Finance & Administration: Email to \_\_\_\_\_ Call 601-877-4701 to Confirm

## **RULES camp participants and parents need to know:**

1. Participants are not allowed to drive or ride in personal vehicles during the dates of the program unless they receive specific permission to do so from the Camp Director. While we understand that some participants will drive to the campus, our policy is that they must turn their car keys in to the Camp Director for the duration of the workshop. Any vehicles parked on campus must have a University Parking Permit. Parking permits will be issued during on-site registration, and clear instructions will be given as to where parking is authorized. It will be the responsibility of the participant to secure a permit, properly place the permit in the vehicle, park the vehicle in an authorized space, and turn the keys in to the Camp Director for safekeeping during the program. Neither Alcorn State University, nor the camp staff, will be responsible for damage to vehicles or for any parking tickets, fines, or towing charges that result from violations.
2. Participants are to remain on campus for the duration of the program unless program activities require otherwise. If a participant needs to leave campus for some reason, Camp Directors must receive prior written permission from the parent or guardian, and grant specific permission.
3. Campus regulations prohibit the use of alcohol and other illegal substances. Participants may not possess, use, distribute, or sell alcoholic beverages, drugs, firearms, weapons or fireworks.
4. Coed visitation in the residence halls is permitted only on the first floor lobby area. The only people permitted in rooms are staff, members of the participant's immediate family, the participant's roommate and other participants of the same gender residing in that residence hall;
5. Participants must attend all workshops, classes, and planned social or recreational activities. Full participation is the only way a participant can gain real value from the camp.
6. Participants will refrain from using electronic devices (i.e. cell phones, iPads, computers, etc.) during instructional periods unless authorized by camp counselors or university faculty and staff.
7. Participants will abide by nightly curfews and "Lights Out" announcements from the Camp Director or Program Counselors. Participants must be in their own room when lights are out and remain there until morning. Any use of cell phones or other electronic devices is prohibited after "Lights Out."
8. Participants must never misuse internet privileges. Attempting to access unauthorized sites is strictly prohibited.
9. Participants must abide by rules and guidelines set by the instructors for each academic facility in use.

10. In accordance with state law, smoking is prohibited by anyone under the age of 19. Smoking is not permitted in any buildings on the ASU University Campus.
11. Any individual found tampering with any fire equipment (i.e. fire extinguishers, fire alarms, smoke detectors, etc.) will be dismissed from camp immediately. Participants may not interfere with any security system or tamper with locks in participant rooms and other areas.
12. All furniture must remain unchanged and kept in place.
13. Vandalism and pranks will not be permitted. Any damages caused in rooms or common areas will be charged to the responsible party. Replacement cost will be charged to anyone who removes or damages University property.
14. Participants should keep their rooms locked at all times even if leaving the room for only a few minutes. Neither ASU, nor the camp staff, is responsible for lost or stolen items. A participant should take room key when leaving room. Those who lose a key must pay for a replacement. Leave excess money and valuables at home. Valuables, including jewelry, iPads, cell phones, radios, CD players, etc., may be brought to camp, but only at participant's own risk. **MEDICAL:** In cases where medical attention is necessary, parents will be contacted for approval when possible. We require completion of a medical release form signed by the parent or guardian in order that we may react responsibly in an emergency situation.
15. Please sign below to signify full understanding of the rules discussed above:

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

**ALCORN STATE UNIVERSITY INFORMED CONSENT, VOLUNTARY WAIVER,  
RELEASE OF LIABILITY AND ASSUMPTION OF RISKS CAMP INFORMATION**

Camp Name: \_\_\_\_\_

Date(s): \_\_\_\_\_ -Time \_\_\_\_\_

Location: \_\_\_\_\_

**CAMPER INFORMATION**

Name of Camper: \_\_\_\_\_

Address:

City: \_\_\_\_\_ State \_\_\_\_\_

Zip: \_\_\_\_\_ Phone \_\_\_\_\_

Gender: M F \_\_\_\_\_ Age: \_\_\_\_\_

**PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A LEGALLY BINDING DOCUMENT. THIS FULLY SIGNED FORM MUST BE SUBMITTED BY A PARENT OR LEGAL GUARDIAN BEFORE ANY CHILD IS ALLOWED TO PARTICIPATE IN THE ABOVE REFERENCED CAMP.**

I, the undersigned, wish for my Child (hereafter "Child") to participate in the above referenced camp (hereafter "Camp") on the date(s) and location indicated above and, in consideration for my Child's participation, I hereby agree as follows:

I acknowledge, understand and appreciate that as part of my Child's participation in the Camp there are dangers, hazards and inherent risks to which my Child may be exposed, including the risk of serious physical injury, temporary or permanent disability, and death, as well as economic and property loss. I further realize that participating in the Camp may involve risks and dangers, both known and unknown, and have elected to allow my Child to take part in the Camp. Therefore I, on behalf of my Child, voluntarily accept and assume all risk of injury, loss of life or damage to property arising out of training, preparing, participating and traveling to or from the Camp.

I, on behalf of my Child, hereby release Alcorn State University, its Board of Trustees, Administration, Faculty, Staff, Student Leaders, the Camp Staff, and all other officers, directors, employees and agents (hereafter "ASU") from any and all liability as to any right of action that may accrue to my heirs or representatives for any injury to my Child or loss that my Child may suffer while training, preparing, participating and/or traveling to or from the Camp.

This agreement is binding on my heirs and assigns.



I, on behalf of my Child, furthermore release, indemnify and hold harmless ASU from and against any and all liability, actions, debts, claims and demands of every kind whatsoever, specifically including, but not limited to, any claim for negligence or negligent acts or omissions and any present or future claim, loss or liability for injury to person or property that my Child may suffer, for which my Child may be liable to any other person, that may or does arise out of my Child's participation in the Camp. I understand that Alcorn State accepts no responsibility for my Child's personal property.

In the event of an accident or serious illness, I hereby authorize representatives of ASU to obtain medical treatment for my Child on my behalf. I hereby hold harmless and agree to indemnify Alcorn State from any claims, causes of action, damages and/or liabilities, arising out of or resulting from said medical treatment. I further agree to accept full responsibility for any and all expenses, including medical expenses that may derive from any injuries to my Child that may occur during his/her participation in the Camp.

This RELEASE shall be governed by and construed under the laws of Mississippi. I agree that any legal action or proceeding relating to this RELEASE, or arising out of any injury, death, damage or loss as a result of my Child's participation in any part of the Camp, shall be brought only in Claiborne County, Mississippi. This RELEASE contains the entire agreement between the parties to this agreement and the terms of this RELEASE are contractual and not a mere recital. The information I have provided is disclosed accurately and truthfully. I have been given ample opportunity to read this document and I understand and agree to all of its terms and conditions. I understand that I am giving up substantial rights (including my right to sue), and acknowledge that I am signing this document freely and voluntarily, and intend by my signature to provide a complete and unconditional release of all liability to the greatest extent allowed by law. My signature on this document is intended to bind not only myself and my Child but also the successors, heirs, representatives, administrators, and assigns of myself and my Child.

Participant Name: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Signature \_\_\_\_\_

**A PARENT OR GUARDIAN MUST SIGN THIS FORM FOR A MINOR UNDER THE AGE OF 18**

**APPLICANT INFORMATION AND CONFIDENTIAL MEDICAL INFORMATION**

Camp Name: \_\_\_\_\_

Date(s): Time(s): \_\_\_\_\_

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY.

AS A CAMPER, PARENT OR GUARDIAN I UNDERSTAND THAT: The information requested on this form is intended to help inform staff of any pre-existing medical conditions. If your child has a pre-existing medical condition, participation in any strenuous activities or recreational time may not be recommended. This information will be kept in strict confidence and will only be shared with your permission. ASU requests the information below so that, in case of emergency, we will have accurate information so that we can provide and/or seek appropriate treatment. You are accountable for providing an accurate medical history. Final determination about whether to participate is the responsibility of you and your physician. If you have any medical issue that is not requested below, but which you think is important, please include that information.

**PART 1. GENERAL INFORMATION**

Camper Name \_\_\_\_\_ Address: \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_

Parent/Legal Guardian Name \_\_\_\_\_ Email: \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Please list two emergency contacts:

Emergency Contact #1 Name ; \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone# \_\_\_\_\_ # Cell Phone # \_\_\_\_\_

Relation to Emergency Contact #1 \_\_\_\_\_

Emergency Contact #2 Name ; \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ # Cell Phone # \_\_\_\_\_

Relation to Emergency Contact #2 \_\_\_\_\_

**PART 2. MEDICAL INFORMATION**

It is recommended that you consult with a physician prior to participating in this Alcorn State University Summer Camp. If you are uncertain about any preexisting medical conditions, **it is your responsibility to consult with your own physician prior to participating in this Summer Camp.** Please answer all of the questions. If you answer yes to any of the following questions, please explain as indicated. Use back and/or additional paper if needed.

Physician's Name \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Most recent tetanus toxoid immunization \_\_\_\_\_ Do  
you have health/accident insurance (circle one) Yes No. If yes, please indicate policy number,  
name and address of company. Please include a copy of the front and back of your insurance  
card of your insurance card:

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

Policy # \_\_\_\_\_

For the following, circle appropriate response and explain as appropriate:

Does camper have any limiting medical conditions that you or your doctor feel would limit camp participation?

Yes No

If yes, identify and explain:

Is camper currently taking medication that may interfere with ability to safely participate in Camp? Yes No

If yes, please indicate the medication and the condition being treated:

Does camper have a history of allergies or reactions to medications, insect stings, or plants?

Yes No

If yes, please explain:

Does camper have a history of, or currently suffer from, medical condition(s) with which we need to be aware?

Yes No If yes, please explain:

**PART 3: AUTHORIZATION FOR MEDICAL CARE**

Unless prior arrangements have been made, medical needs will be handled through the campus Infirmary and/or the Port Gibson Hospital. In cases where medical attention is necessary, parents will be contacted for approval when possible. However, before medical treatment can be provided, we are required to have a medical release signed by the parent. The hospital will not perform services unless this form is presented at the time of treatment.

\_\_\_\_\_ (Camper's Name)  
has my permission to receive medical attention in the event of illness or medical emergency while participating in this ASU Summer Camp. I will assume the financial responsibility for any cost of health care for my child that may occur during this Camp.

PLEASE READ: As a participant, parent or guardian I understand and acknowledge that my failure to disclose relevant information may result in harm to myself/my child and/or others during this Camp. By signing my name I represent and warrant that I have provided all materials and important information to the Alcorn State pertaining to my child's medical, mental and physical condition and that it is accurate and complete. I agree to notify the Alcorn Camp Sponsor if any changes in my mental, physical or medical condition prior to my Child's scheduled Camp. By revealing or disclosing the above medical information it will not be used by Alcorn State University personnel or employees to determine my Child's ability to participate safely in activities. I understand that, if my child chooses to participate in activities, he/she doES so voluntarily and of his/her own accord and the final decision regarding participation is solely the responsibility of myself and my Child.

SIGNATURE IS REQUIRED:

Camper's Name \_\_\_\_\_

Camper's Signature Parent/Legal Guardian's Name \_\_\_\_\_

Parent/Legal Guardian's Signature \_\_\_\_\_

Date: \_\_\_\_\_

---

Approved By: C. Debra 5/11/17  
VICE PRESIDENT FINANCE & ADMINISTRATION

Approved By: Alfred Rankin Jr 5/15/17  
PRESIDENT

# ALCORN STANDARD OPERATING POLICY (ASOP)

## **POLICY # 2017-02 (A) Amended**

**The above noted camp policy # 2017-02 is being amended to included specific requirements for ASU Athletics.**

### **General Sports Camps Policies and Procedures**

The ASU Compliance Office will provide each camp director, sponsor and/or head coach pertinent changes to NCAA and conference rules and policies. It is the responsibility of the individual camp staff to abide by these policies.

### **Authorization and Approval of Camps**

All camps and/or clinics held must be approved by the ASU Athletics Director prior to advertising. All camp requests must be submitted **at least fifteen (15) days** in advance of the proposed first day of the clinic/camp.

Sport camps/clinics are also responsible for completing the Pre-Camp/Clinic Initiation Checklist to notify the Compliance Department of the head coach's intention to conduct a camp, plus adhere to the following:

1. Upon submission of the Pre-Camp/Clinic Initiation Form, the camp director, sponsor or head coach must also complete a Certificate of Sponsorship Form and a Request for Use of University Facility Form.
2. Sport camps must be authorized and approved annually, by the Director of Athletics or designee.
3. The ASU Athletic Department allows camps/clinics to operate using its controlled facilities, University name and logo, as long as the camp is approved.
4. Camp brochures and websites must be reviewed and approved by the Compliance Office prior to its publishing to ensure that these publications meet all NCAA and institutional guidelines. **A Camp/Clinic Advertising Form must be completed.**

## Process for Hiring Camp Staff

1. The head coach for the ASU sport must submit a Request to Employ Student-Athletes Form for prospective camp employee and vouch for their character.
2. Once the request is received, the Compliance Office will email the prospective camp employee a Student-Athlete Clinic Employment Agreement Form.
3. The prospective camp employee will complete and submit the Student-Athlete Clinic Employment Agreement Form and Compliance will inform the coach/camp director of the status of the prospective camp employee's background check.
4. An employment offer may be extended if the background check returns no activity.
5. If the background check does return activity, the coach/camp director must submit a request to the Athletic Director (AD) and Vice President of Finance and Administration (VPFA) for review 48 hours prior to the beginning of camp.
6. The AD may approve the prospective camp employee's involvement in the camp, or refer the prospective camp employee to the VPFA.
7. If the AD refers the request to the VPFA, the VPFA may approve or deny the prospective camp employee's involvement in camp. This decision is final.

### Training for All Camp Staff

All Camp Staff must be trained on their responsibilities and issues related to Minor health, safety, and security. Training documentation and certifications should be maintained by the Camp Director/Coach.

Mandatory Reporting obligations, including child abuse awareness and prevention; and

Code of Conduct for Program/Activity Staff and Minor participants;

Disability accommodations and review and evaluation of special requests;

Safety and security protocols;

First aid guidelines and medication management; and

## NCAA Bylaws Concerning Camps

### Attendance Restriction:

- All Institutional camps/clinics must be open to any and all entrants (limited only by number and age, grade level, and/or gender).
- Enrolled student-athletes cannot enroll as campers at his/her own camp.
- Prospective student-athletes may be invited to attend camps, as long as the camp is legitimately advertised and open to all entrants.
- Coaching staff members may not work exclusively with specific prospects.

### Free/Reduced Camp Admission

- High school, preparatory school or two-year college athletes, or any other individual being recruited by an institution, may not be given free or reduced admission privileges to any camp/clinic.
- A representative of ASU's athletics may not pay a prospective student-athlete's expenses to attend a sports camp/clinic.
- Discounted camp admission may only be given based on objective criteria unrelated to athletics ability, i.e. registration prior to a specific deadline, online registration, attendance at multiple sessions. Discount criteria must be published and available on an equal basis to all who qualify.
- It is permissible for children of institutional staff members, athletics department staff members, or coaches employed by a camp/clinic to receive free or reduced camp admission, as stipulated and approved by the athletic department.

### Group Discounts

Group discounts may be offered to coaches and athletes, as long as those discounts are available on an equal basis, with documented standards, to all who wish to take advantage of them.



## Camp Advertisements

All advertisements and promotions for a camp/clinic must stipulate that the camp is open to any and all entrants (limited only by number and age, grade level, and/or gender). A Camp/Clinic Advertising Form must be completed and approved prior to any advertising for a camp.

A camp/clinic may be advertised in a recruiting publication that contains a camp directory, as long as:

Ad size does not exceed a ½ page and the format of the ads are identical

Camp directory places at least two ads of the same size, but for different camps, on the same page.

## Recruiting Calendar

Camps may not be conducted during a sport's "dead period."

Although interactions between prospective student-athletes and coaches employed by a camp are not subject to the recruiting calendar restrictions:

Prospective student-athletes cannot be treated differently from other campers.

Any outside coaches wishing to attend a camp as an observer must abide by NCAA recruiting contact and evaluation period rules.

## Phone Calls

Phone calls, emails, and faxes may be made to an individual (or his/her parents, legal guardians, relatives or coach) and are not subject to NCAA restrictions on phone calls or recruiting materials, so long as the calls relate solely to camp/clinic logistical issues (e.g. missing registration).

No recruiting conversation or language may be used in these phone calls or emails.

No solicitation may be made for particular individuals to attend a camp/clinic.

Calls must be documented on a Logistical Call Log, noting the reason for the call.

## Media Presence

Media may not be invited to attend, or provided special access to, camp/clinics and the prospective student-athletes in attendance (This includes recruiting or scouting services).

Media who are present at an ASU camp/clinic can only be located in areas open to the general public.

Media are not allowed on the playing field during, or at the conclusion of camp.

#### Location Restriction – Basketball and Football

For basketball, ASU's camp/clinic must be conducted at the University or within a 100-mile radius of the University's campus.

For football, a camp/clinic must be conducted at the University's campus, within the state in which the institution is located or, if outside the state, within a 50-mile radius of the University's campus.

### **Benefits**

Any benefits (e.g., transportation to campus, video tape of camp) provided to campers must be legitimately advertised and made available to all camp attendees.

### **Concession Arrangement**

An institution may not permit or arrange for a prospect or an enrolled student-athlete, at the prospects or enrolled student-athlete's expense, to operate a concession to sell items related to or associated with the institution's camp.

### **Awards**

Prospects may receive awards from a member institution's sports camp, with the understanding that the cost of such awards is include in the admission fees charged for participants in the camp.

### **Educational Section – Basketball**

An institution's basketball sports camp must include an educational session to all camp participants, detailing NCAA initial eligibility standards and regulations related to gambling, agents, and drug use.

### **Impermissible Camp Activities**

An institution may not engage in activities devoted to measuring agility, flexibility, speed or strength for the purpose of evaluating prospective student-athlete

An institution may engage in these measurement activities if it is performed in an instructional context

It is not permissible for an institution's coach to engage in activities devoted to agility, flexibility, speed or strength tests that go beyond the appropriate instructional context.

Institutions may not engage in testing activities that will then be used or recorded for purposes of evaluating the abilities of prospective student-athletes for recruiting purposes.

## **Student-Athlete Camp Employment Rules**

Student-athletes, IN ALL SPORTS, may be employed by any sports camps must meet the following requirements:

Current student-athletes may be assembled and used for demonstration purposes during a camp, as long as it is outside of the playing season and within the weekly hour limitations for that sport.

If current student-athletes are participating in a scrimmage during an institutions camp/clinic, it is impermissible for the institution's coaching staff to observe the scrimmage. Specifically, "open events" or "games" played between campers and student-athletes may not be viewed by coaching staff members.

Student-athletes with remaining eligibility may not conduct their own camp.

A coach must provide the Compliance Office a list of student-athlete employees and their rate of pay prior to camp employment.

## **Prospective Student-Athlete Camp Employment**

High school, preparatory school or two-year college athletes, or any other individual being recruited by an institution, may not be employed by any camp/clinic.

Exception — Employment after Commitment. An institution may employ a prospective student-athlete in a camp or clinic, provided he or she has signed a National Letter of Intent or the institution's written offer of admission and/or financial aid or the institution has received his or her financial deposit in response to its offer of admission. Compensation may be paid only for work actually performed and at a rate commensurate with the going rate in the locality for similar services. Such compensation may not include any remuneration for value or utility that the student-athlete may have for the employer because of the publicity, reputation, fame or personal following that he or she has obtained because of athletics ability. A prospective student-athlete who only lectures or demonstrates at a camp/clinic may not receive compensation for his or her appearance at the camp/clinic.

## **High-School, Preparatory-School or Two-Year College Coaches**

A high-school, preparatory school or two-year college coach may be employed by a camp, provided:

The coach is compensated at the going rate for camp counselors of like teaching ability and camp experience.

The coach may not be paid on the basis of the coach's reputation or contact with prospects.

The coach may not be compensated or reimbursed based on the number of campers the coach sends or brings to the camp.

Men's Basketball camp employment:

It is not permissible for an institution or men's basketball staff member to employ (i.e. volunteer or paid) an individual associated with a recruited prospective student-athlete at the institution or men's basketball staff member's camp/clinic.

## **Additional Camp Services**

If a camp wants to provide services outside of the confines of camp (e.g. transportation from airport or bus station, overnight stay prior to or after camp), this service must be in your camp brochure/website and the appropriate cost should be applied.

## **Annual Leave**

Should a non-contract or contract employee work as an employee for an ASU camp, the employee must claim annual leave for the time they work for that camp.

## **Housing**

It is the responsibility of each camp director and/or sponsor to arrange for adequate housing accommodations through the University Housing Office.

## **Camp Insurance**

Each coach is required to obtain liability insurance coverage and furnish a declaration page or certificate of coverage to the Vice President of Finance & Administration office no later than May 31<sup>st</sup> of each year.

The Certificate must designate the "CERTIFICATE HOLDER" as: "The State of Mississippi," "The Mississippi Institutions of Higher Learning," and "Alcorn State University."

A minimum of \$1,000,000 per individual and \$2,000,000 per incident for Property Damage and Personal Injury is required.

All policies are required to have coverage for Sexual Abuse/Molestation. Proof of insurance must also be provided to the Compliance Office prior to the start of camps.

**Under no circumstances shall a camp operate without proper insurance coverage for the participants and employees.**

## **Financial Reporting**

While the operation of camps is the responsibility of each head coach, the proper administration of each rests with ASU Athletic Department.

NCAA Bylaws establish the general principles of institutional control: “the administration, control, and responsibility for the conduct of intercollegiate athletic programs shall be exercised by the institution itself.” Accordingly, it is the responsibility of each coach to carefully verify and complete all reporting requirements.

Sport camps/clinics established as a proprietorship, partnership, or corporation must adhere to all applicable federal and state laws, including withholding and appropriate income tax laws.

Camps and/or coaching staff members may not solicit financial donations or sponsorships from outside groups, booster clubs, etc. for camp revenue.

All expenses incurred related to the operation of a sports camp are the sole responsibility of the head coach.

All transactions (checks, debit cards, cash) made on behalf of the camp or with camp funds must be documented by the camp director and/or sponsor.

Personal expenditures should not be made directly to the sports camp/clinic account.

## **Records Retention**

All records should be retained in accordance with the University policies on record retention. Copies of all required forms and documentation pertaining to campers should be retained for a period of three (3) years after the camper reaches the age of eighteen (18). Records pertaining to Camp Staff should be retained for five (5) years.

## **Appendices**

<b>Certificate of Sponsorship.....</b>	<b>11</b>
<b>Request for Use of Facilities Form.....</b>	<b>12</b>
<b>Emergency Locator List for Summer Camps.....</b>	<b>13</b>
<b>Rules Camp Participants and Parents should Know.....</b>	<b>14-15</b>
<b>Informed Consent, Voluntary Waiver Release of Liability...16-17</b>	
<b>Confidential Medical Information.....</b>	<b>18-20</b>

## **Additional Sport Camp Forms**

<b>Pre-Clinic/Camp Checklist.....</b>	<b>31</b>
<b>Camp/Clinic Advertising Form .....</b>	<b>32</b>
<b>Request to Employee Student-Athletes .....</b>	<b>33</b>
<b>Student-Athlete Employment Agreement .....</b>	<b>34</b>
<b>Sponsorship Agreement for Clinics .....</b>	<b>35</b>
<b>Camp Financial Statement .....</b>	<b>36</b>
<b>Camp/Clinic Reduced Form.....</b>	<b>37</b>
<b>Post Clinic Checklist .....</b>	<b>38</b>

# ALCORN STATE UNIVERSITY

## Department of Athletics

### Pre-Clinic/Camp Initiation/Checklist

Item	Submit to Whom	Done/ Date
Submit written clinic proposal with facility and date requirements.	Compliance	
Submit written request to receive outside income from clinic.	Compliance	
Submit proposed clinic brochure (if applicable)	Compliance	
Submit written request to employ student-athletes	Compliance	
Submit job description forms	Compliance	
Submit clinic staff salary sheets (if applicable) weekly	Compliance	
Submit student-athlete participation agreements	Compliance	
Submit clinic advertising form	Compliance	

HEAD COACH SIGNATURE:	DATE:
COMPLIANCE SIGNATURE:	DATE:
SPORT SUPERVISOR/ AD SIGNATURE:	DATE:

# Camp/Clinic Advertising

Clinic: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Do you plan to take out advertising for your clinic?

Yes \_\_\_\_\_

No \_\_\_\_\_

If yes:

Ads will run in the following publication:

---

---

---

---

---

**Please attach copies of the proposed advertisements.**

SPORTS INFORMATION SIGNATURE:	DATE:
COMPLIANCE SIGNATURE:	DATE:
ATHLETIC BUSINESS OFFICE:	DATE:
ATHLETIC DIRECTOR/ DESIGNEE SIGNATURE:	DATE:



# Request to Employ Student-Athletes

Clinic: \_\_\_\_\_

Session: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Name	Job Position	Compensation	Form Submitted

HEAD COACH SIGNATURE:	DATE:
COMPLIANCE SIGNATURE:	DATE:
SPORT SUPERVISOR/ AD SIGNATURE:	DATE:

# ALCORN STATE UNIVERSITY

## STUDENT-ATHLETE EMPLOYMENT AGREEMENT

It is my intention to accept employment at a clinic conducted on the campus of ALCORN STATE UNIVERSITY. I understand that I am obligated to conduct myself in a respectful manner and demonstrate ethical work habits and honest communication throughout my employment. **All camp staff is required to have a background check in order to work a sports camp.**

I agree to the following conditions and will abide by the following procedures:

1. I understand that I will be paid by check only for actual work performed and that my pay will be based on a rate which is the same as other employees doing the same work.
2. I will not accept any benefits or privileges that are not available to other employees.
3. I acknowledge that I am to be treated in the same manner as other employees.
4. I understand that if my work is not satisfactory, or if I fail to appear on time and as scheduled, my employment will be terminated.
5. I understand that my duties are to be of a general supervisory nature with not more than 50% of my responsibilities allocated to coaching or officiating. **I also give consent to the University to conduct a background check.**

\_\_\_\_\_  
Print Student-Athlete Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student-Athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clinic Director or Head Coach

\_\_\_\_\_  
Date

\_\_\_\_\_  
Athletic Business Administrator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Compliance

\_\_\_\_\_  
Date

# Sponsorship Agreement for Clinics/Camps

Clinic: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Do you have any sponsors who plan to donate money, products or services for use at your clinic?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes:

Business/Company: \_\_\_\_\_

Products: \_\_\_\_\_

Services: \_\_\_\_\_

Cash: \$ \_\_\_\_\_

Business/Company: \_\_\_\_\_

Products: \_\_\_\_\_

Services: \_\_\_\_\_

Cash: \$ \_\_\_\_\_

Business/Company: \_\_\_\_\_

Products: \_\_\_\_\_

Services: \_\_\_\_\_

Cash: \$ \_\_\_\_\_

**Please attach copies of agreements.**

SPORTS INFORMATION SIGNATURE:	DATE:
COMPLIANCE SIGNATURE:	DATE:
ATHLETIC BUSINESS OFFICE:	DATE:
ATHLETIC DIRECTOR/ DESIGNEE SIGNATURE:	DATE:

# Camp/Clinic Financial Statement

Name of Clinic: \_\_\_\_\_ Clinic's Date(s): \_\_\_\_\_

Items Received	Retail Value	Meals Received	Cost*

\*Use cost of meal if purchased normally if that price is different than actual cost to clinic.

Total value of items received: \_\_\_\_\_

Total value of meals received: \_\_\_\_\_

Total value of items and meals: \_\_\_\_\_

Registration fee: \_\_\_\_\_

Account number: \_\_\_\_\_

<b>HEAD COACH SIGNATURE:</b>	<b>DATE:</b>
<b>COMPLIANCE SIGNATURE:</b>	<b>DATE:</b>
<b>ATHLETIC BUSINESS OFFICE:</b>	<b>DATE:</b>
<b>ATHLETIC DIRECTOR/ DESIGNEE SIGNATURE:</b>	<b>DATE:</b>

# Clinic Free/Reduced Admission Form

Clinic: \_\_\_\_\_ Date(s) of Clinic: \_\_\_\_\_

Participant/Group Name: \_\_\_\_\_

Age: \_\_\_\_\_ or Grade: \_\_\_\_\_

Fee Charged: \_\_\_\_\_

Reason for Request: (check one):

- 1. Son/Daughter of coach/administrator working clinic ( )
- 2. Son/Daughter of ASU staff member ( )
- 3. Son/Daughter of ASU faculty/staff member ( )
- 4. Group discount: # of participants in group \_\_\_\_\_ ( )
- 5. Other; specify \_\_\_\_\_ ( )

*Note: Discounts must be available to all individuals in a given category.*

## NCAA POLICY STATEMENT

I am aware of all NCAA rules and regulations involving camp or clinic free or reduced admission privileges addressed in NCAA Bylaws. I certify that the participant named above falls into the category checked.

Head Coach/Clinic Director \_\_\_\_\_

Parent or Guardian if No. 1, 2, or 3 is checked

**Note: Approval by the Compliance Office is required prior to the clinic**

HEAD COACH SIGNATURE:	DATE:
COMPLIANCE SIGNATURE:	DATE:
ATHLETIC DIRECTOR/ DESIGNEE SIGNATURE:	DATE:

# ALCORN STATE UNIVERSITY

## Post-Clinic Checklist

**Attach and submit all forms to Compliance Office no later than 30 business days after the conclusion of clinic.**

\_\_\_\_\_  
Clinic Name

\_\_\_\_\_  
Dates of Clinic

Item	Included
Free or Reduced Admissions Form	
Copy of Final Registration List	
All employee hourly rate and total compensation	
Director, owner and/or all camp officer salaries	
Refund List	
Sponsors List	
Coaches' clinic financial statement	
Copy of Completed Post-Clinic Checklist	
HEAD COACH SIGNATURE:	DATE:
COMPLIANCE SIGNATURE:	DATE:

# AMENDMENT APPROVAL

## 2017-2 (A)

---

Approved By: Cedric 5/11/17  
VICE PRESIDENT FINANCE & ADMINISTRATION

Approved By: M. Newby 5/15/17  
PRESIDENT