University of Colorado

Office of Compliance Services

NON-INSTITUTIONAL CAMP/CLINIC APPROVAL FORM

This form, when completed by the coach, will be used to ensure that all NCAA regulations regarding camps/clinics have been met.

CU Coach Requesting Approval:	Dates of the Camp/Clinic:
Name of the Camp/Clinic:	Location of the Camp:
Name of the Owner/Operator of the Camp/Clinic:	
Owner/Operator Contact Information: Work Phone: _____ Email: _____ Fax: _____	
Provide Camp Website (or attach brochure):	

To Be Completed By The Camp/Clinic Owner/Operator --- Check All That Apply.

- ☐ The camp/clinic is not established, sponsored or conducted by an individual or organization that provides recruiting or scouting services concerning prospects.
- ☐ The purpose of the camp/clinic is designed to improve over skills through specialized instruction and not a tryout camp devoted primarily to agility, flexibility, speed or strength tests.
- ☐ The camp/clinic is open to any and all entrants. (It may be limited by number of participants, grade level, age or gender but cannot select participants on an invitation only basis or reserve sports for specific prospects.)
- ☐ The camp/clinic does not employ or give free or reduced admission to any high school, prep school or two-year college award winners or University of Colorado recruits.
- ☐ The costs of awards received from the camp/clinic are included in the admission fees charge to the participants.
- ☐ A booster representing Colorado's athletics interests in not paying any prospect's expenses to attend.
- ☐ The camp/clinic does not permit or arrange for a prospect or student-athlete to operate a concession to sell items related to or associated with the camp/clinic.
- ☐ There will be no recruiting activities (i.e. presentations, highlight videos, etc.) at the camp/clinic.
- ☐ **Football Only:** The camp/clinic will occur during June and/or July during the designated time period for CU FB camps.
- ☐ **Volleyball Only:** This camp/clinic does not occur during a Quiet Period.
- ☐ **Coaches Clinic:** High school prospects will not serve as demonstrators at the clinic.

Signature of Coach:	Signature of Camp/Clinic Owner/Operator:

Please mail or fax to: Office of Compliance Services, Gate 1—Folsom Field, UCB 372, Boulder, CO 80309 Fax: (303) 492-3364

Approval: ☐ Yes, the camp/clinic is cleared ☐ No, the camp/clinic is not cleared

Signature of Compliance Officer:	Date: