

**Coppin State University
Summer Camp Policies and Procedures**

The following items are mandatory and are required to be kept on file in the Office of Compliance.

- 1) *Camp/Clinic form with description submitted prior to the camp or clinic.*
- 2) *Compliance Approval of a Copy of the camp/Clinic Brochure or advertisement*
- 3) *Copy of documentation listed from the audit checklist*
- 4) *Evidence of insurance for coverage of the camp/Clinic*
- 5) *Copy of the expenses and revenue of the camp/clinic*

Sports Camp/Clinics

Name of Camp/Clinic		Name of Camp Director
Camp/Clinic Start Date	to	Camp/Clinic End Date

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NCAA Bylaw 13.12.2.3.3. Other Non-institutional Privately Owned Camps/Clinics- Sports other than Basketball.

In sports other than basketball, an institution's athletics department personnel may serve in any capacity (e.g., counselor, guest lecturer, consultant) in a non-institutional, privately owned camp or clinic, provided the camp or clinic is operated in accordance with restrictions applicable to institutional camps(e.g., open to any and all entrants, no fee or reduced admission to or employment of athletic award winners). In football, participation in such camps/clinics is limited to two periods of 15 consecutive days in the months of June and July or any calendar week (Sunday through Saturday) that includes days of those months (e.g., May 28 –June 3). The dates of the two 15 day periods must be on file in the office of the athletics director. In Basketball, a coach (or any individual with basketball only responsibilities) may not be employed at a non-institutional privately owned camp or clinic.

- 1) **Is this camp/Clinic designed to improve the overall skill?** _____
- 2) **Is this camp/clinic open to all applicant within the age limit?** _____
- 3) **Does your camp or clinic offer scouting services to the prospect?** _____
- 4) **Does your camp or clinic allow any prospect to sell any items?** _____
- 5) **Does your camp/clinic give reduced admission to any prospect?** _____
- 6) **Does your camp or clinic hire any High School award winners?** _____
- 7) **Does your camp/clinic hire any two-year award winners?** _____

I hereby answer the questions to the best of my knowledge and I verify that the answers are true and accurate.

Signature of person completing form

Date

Revenue:

Total Camper Amount _____

Any Discounts _____

Cash Donations/Sponsorships _____

Concessions _____

Miscellaneous _____

Total Revenue _____

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Expenses:

Insurance _____

Cost of Brochure _____

Staff Compensation _____

Awards _____

T-shirts _____

Miscellaneous _____

Total Expenses _____

Net Revenue(Revenue – Expenses) _____

Name of person completing this form

Signature of person completing this form

Camp Director Signature

Date