



GEORGIA TECH COMPLIANCE OFFICE

Student-Athlete Fee for Lesson Form

Student-Athletes: Please complete and return *page one* of this form to the Compliance Office **prior** to providing your first lesson. Additionally, provide the person you are instructing with *page two* to complete and fax (404.894.4265) to the Compliance Office. Please note that page two must be returned to the Compliance Office **prior** to the first lesson.

Student-Athlete's Name: _____ **Sport:** _____

GTID #: _____ **Semester:** _____ **Year:** _____

I certify that I am a full-time student-athlete at Georgia Tech and to the best of my knowledge I am eligible to be employed. I agree to comply with all the rules and regulations of the Institute, ACC and the NCAA. I understand that I will be permitted to earn legitimate on or off-campus employment income. I further certify that I have read and understand the following:

- I understand I may not use Georgia Tech Facilities to train the student;
- I understand that I am to be compensated only for work actually performed;
- I understand I may only be paid by the student I am instructing or his/her family;
- I understand I must only provide skill and/or technique instruction to the student, playing lessons are not permitted;
- I understand I may not use my name, picture, or appearance to promote/advertise that I am providing athletic instruction;
- I understand that I am to be compensated at a rate commensurate with the going rate in that locality for athletic skill/technique instruction;
- I understand that I may not receive any compensation for the value that I may have because of or based on the reputation, fame or personal following I have obtained due to athletic ability;
- I understand that if a lesson is provided to more than one student at the same time, I must provide instruction to each student as though they were receiving individual instruction; and
- I understand that violation of these rules and failure to report employment may affect my eligibility to compete in intercollegiate athletics at Georgia Tech.

Student-Athlete's Signature

Date

Fee-for-Lesson Information

Name of Student Being Instructed: _____

Age/ Grade Level: _____

Parent/Guardian Name: _____

Venue of Lesson: _____

City: _____

State: _____

Date Lessons Begin: _____

Date Lessons End: _____

Anticipated Number of Lessons: _____

Rate per Lesson: \$ _____

How did you obtain this job: _____

Approval Signatures

Approval of Head Coach

Head Coach's Signature

Date

Approval of Compliance

Compliance Signature

Date



GEORGIA TECH COMPLIANCE OFFICE

Student-Athlete Fee for Lesson Form

Student/Parents: Please complete and return this form to the Georgia Tech Athletic Association Compliance Office. We welcome and encourage you to contact the Compliance Office with any questions you may have surrounding the athletic instruction provided by the Georgia Tech Student-Athlete.

Contact Information:

Student-Athlete Providing Instruction: _____

Name of Student Being Instructed: _____

Age/ Grade Level: _____

Parent/Guardian Name: _____

Phone Number: _____

Email: _____

Venue of Lesson: _____

City: _____

State: _____

Date Lessons Begin: _____

Date Lessons End: _____

Anticipated Number of Lessons: _____

Rate per Lesson: \$ _____

How were you informed that the Student-Athlete was providing Lessons: _____

Affirmation of NCAA Rules Compliance

Instruction by & Compensation of Student-Athletes

Student-Athletes are not restricted on the amount of compensation they may receive provided:

- The student-athlete does not receive any compensation for the value they may have for the employer because of or based on the reputation, fame or personal following they have obtained due to athletics ability;
- The student-athlete is compensated only for work actually performed; and
- The student-athlete is compensated at a rate commensurate with the going rate in that locality for similar services.

I, the undersigned, hereby verify that the instruction provided by the aforementioned student-athlete(s) and the compensation for such instruction is consistent with the rules and regulations governed by the NCAA. I understand that it is my responsibility to report any violations under NCAA rules of which I am aware. I certify that the information that I have given on this document is true and complete to the best of my knowledge. I understand that providing false or misleading information may jeopardize the student-athlete(s) eligibility for practice, competition and athletically related financial aid.

Signature of Parent/Guardian

If student receiving instruction is under 18

Date

Signature of Student

If student is 18 or Older

Date

Once completed, please return this form to the Georgia Tech Athletic Association Compliance Office:

150 Bobby Dodd Way, NW
Atlanta, Georgia 30332
Fax (404)894.894.4265

