

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 email (compliance@athletics.gatech.edu) 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:			
I certify that I am a full-time student-athlete at Georgia with all the rules and regulations of the Institute, ACC a employment income. I further certify that I have read ar • I understand I may not use Georgia Tech Facili	nd the NCAA. I understand that I will be pend understand the following: ties to train the student;			
 I understand that I am to be compensated only I understand I may only be paid by the student 				
 I understand I may only be paid by the student I understand I must only provide skill and/or t I understand that I am to be compensated at a instruction: 	technique instruction to the student, playing			
 I understand that if a lesson is provided to more though they were receiving individual instruct 	ion; and			
 I understand that violation of these rules and athletics at Georgia Tech. 	i failure to report employment may affect	my engionity to compete in interconegiate		
	Student-Athlete's Signature	Date		
Fee-for-Lesson Information				
Name of Student Being Instructed:				
Age/ Grade Level:	Parent/Guardian Name	:		
Venue of Lesson:	f Lesson: City: State:			
Date Lessons Begin:	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			
Approval of Compliance				
•	Compliance Signature	Date		



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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 L	essons:		
Affirmation of NCAA Rules Compliance			
Instruction by & Compensation of Student-Athletes Student-Athletes are not restricted on the amount of compensatio	n they may receive provided:		
 The student-athlete is compensated only for work actually 	y performed; and		
The student-athlete is compensated at a rate commensurate.	ate with the going rate in that locality	for similar services.	
I, the undersigned, hereby verify that the instruction provided by for such instruction is consistent with the rules and regulations go to report any violations under NCAA rules of which I am aware. I is true and complete to the best of my knowledge. I understand the student-athlete(s) eligibility for practice, competition and athlete	overned by the NCAA. I understand t certify that the information that I hav that providing false or misleading inf	that it is my responsibility ve given on this document	
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

Email: compliance@athletics.gatech.edi

Student-Athletes: Please complete the form below for each lesson conducted. Be sure to complete in its entirety including the name of the student you are instructing, the date of the lesson, the time of the lesson, the fee charged, and the method of payment. Additionally, please



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obtain the signature of the person paying you for each lesson provided. Please submit the form to compliance once you have utilized all of the available spaces and an additional form will be provided to you at that time.

Student-Athlete's Name: _	 Sport:
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Name of Student	Date of Lesson	Start Time of Lesson	End Time of Lesson	Fee Charged	Method of Payment Check, Cash, Money Order	Signature of Person Providing Payment