



**PENN STATE UNIVERSITY INTERCOLLEGIATE ATHLETICS**  
**FOOTBALL ATHLETE-AGENT REGISTRATION FORM**

**Agents:** Thank you for your interest in the Penn State University Player-Agent Program. The completion of this form, in its entirety, is required for registration in the program. Please attach additional sheets if necessary.

**I. General Information**

Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Have you ever been known by any other name or surname? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
 If yes, state all names used and the date of use: \_\_\_\_\_ Date: \_\_\_\_\_

**II. Business Information**

Firm Name: \_\_\_\_\_ Employer ID #: \_\_\_\_\_  
 Firm Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Business Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_  
 Email: \_\_\_\_\_ Website: \_\_\_\_\_

**III. Education**

Law School or Graduate School Attended: \_\_\_\_\_ City/State: \_\_\_\_\_  
 Degree(s) Obtained: \_\_\_\_\_ Year Graduated: \_\_\_\_\_  
 Admitted to Bar: Yes: \_\_\_\_\_ No: \_\_\_\_\_ State(s): \_\_\_\_\_ Year Admitted: \_\_\_\_\_  
 College or University Attended: \_\_\_\_\_ City/State: \_\_\_\_\_  
 Degree(s) Obtained: \_\_\_\_\_ Year Graduated: \_\_\_\_\_  
 High School Attended: \_\_\_\_\_ City/State: \_\_\_\_\_  
 Diploma Obtained: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

**IV. Experience**

Number of Years as an Agent: \_\_\_\_\_  
 Sports in which you *currently* represent athletes: \_\_\_\_\_  
 Other sports in which you *have* represented athletes: \_\_\_\_\_

**V. Additional Qualifications**

Are you currently registered as an Athlete Agent in the state of Pennsylvania? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
 What is your Pennsylvania registration number? \_\_\_\_\_  
 Current Memberships in Professional Organizations: \_\_\_\_\_  
 Occupational or Professional License(s) other than State Bar: \_\_\_\_\_  
 State of Issuance: \_\_\_\_\_ Date Obtained: \_\_\_\_\_  
 Are you currently certified by the *NFLPA*? Yes: \_\_\_\_\_ No: \_\_\_\_\_ Number of Years Certified: \_\_\_\_\_  
 Is your Player Association Certification: Provisional: \_\_\_\_\_ Permanent: \_\_\_\_\_



## VI. Professional Responsibility

Have you ever been disciplined by one of the organizations listed in Section V? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, explain the incident that resulted in disciplinary action: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Disciplinary Action: \_\_\_\_\_ Date of Discipline: \_\_\_\_\_

Were you ever expelled or suspended from any college, university, graduate school or law school? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, explain the incident that resulted in disciplinary action: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Disciplinary Action: \_\_\_\_\_ Date of Discipline: \_\_\_\_\_

Have you ever been disbarred, suspended, reprimanded, censured or otherwise disciplined as an attorney, holder of public office, or any other profession? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, explain the incident that resulted in disciplinary action: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Disciplinary Action: \_\_\_\_\_ Date of Discipline: \_\_\_\_\_

Have you ever been convicted or pled guilty to a criminal charge other than a minor traffic violation? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, explain the incident that resulted in the criminal charges: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Legal Sanction(s): \_\_\_\_\_ Date of Conviction: \_\_\_\_\_

Have you ever been a defendant in any civil proceedings where the following allegations were brought against you: bankruptcy, fraud, misrepresentation, embezzlement, misappropriation of funds, conversion, breach of fiduciary duty, or legal malpractice? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, explain the incident that resulted in the civil proceeding: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Legal Sanction(s): \_\_\_\_\_ Date of Ruling: \_\_\_\_\_

Have you ever been adjudicated insane or legally incompetent by any court? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, explain the incident that resulted in the court ruling: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Court Ruling(s): \_\_\_\_\_ Date of Ruling: \_\_\_\_\_

Has any surety or bond on which you were covered been required to pay any money on your behalf? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, explain the incident that resulted in the payment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount of Payment: \_\_\_\_\_ Date of Payment: \_\_\_\_\_



**VII. Athlete Representation**

Please indicate the names and sports of any current Penn State Student-Athletes you plan to contact during the upcoming year.

Student-Athlete	Sport(s)

Please indicate the services available for your clients and the fee/percentage associated with the service.

Service	Yes/No	Hourly Fee	Percentage
Playing Contract Negotiations			
Endorsement Contract Negotiations			
Legal Assistance			
Tax Consulting			
Financial Planning			
Money Management			
Insurance			
Estate Planning			
Other: _____			
Other: _____			

Please indicate the individuals, firms, or agencies along with their addresses that assist in performing any of the services listed above.

Individual/ Firm/ Agency	Address

Do you receive remuneration from any of the above listed for assisting you in providing these services? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, explain the arrangement: \_\_\_\_\_  
\_\_\_\_\_

Are your clients charged for additional services *not* listed above? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please explain the fees for any additional services provided to your clients: \_\_\_\_\_  
\_\_\_\_\_

In receiving compensation for contract negotiations services, do you receive payment up front or are your payments received as the player is compensated? Please explain in detail: \_\_\_\_\_  
\_\_\_\_\_



**VII. Athlete Representation (continued)**

Do you limit the number of clients that you will represent? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please provide the names of all persons who work with and for you, as it relates to your player-agent activities. Failure to indicate "Runners" (or the like) could result in non-approval or disassociation.*

Name	Position/ Title	Email Address or Phone Number

Do you represent coaches? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please provide the names and requested information of three (3) coaches you currently represent or have represented.

Coach	Current / Past Representation	Organization

Do you earn income from work performed in some capacity other than as a player-agent? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please describe the other occupations or services for which you are paid: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VIII. References**

*Please provide the names and requested information of three (3) references.*

Name	Email	Telephone	Company/Firm	Title

**IX. Certification**

I certify that the above information is true, correct, and complete to the best of my knowledge. Further, I certify that I have reviewed the NCAA rules and regulations applicable to player-agents and **will not and have not** engaged in any activity that would jeopardize a student-athlete's eligibility. I certify that I agree to be bound by and conform to all Penn State rules and policies governing the activities of agents in relation to Penn State Student-Athletes. I further understand that failure to comply with the terms of the Penn State University Player-Agent Program and the applicable NCAA legislation may result in the initiation of legal proceedings and the assessment of civil and/or criminal penalties.

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_