



Agent/Advisor: This form, when signed, acknowledges full understanding of the NCAA rules in accordance with applicable NCAA Bylaws. **All Agents/Advisors must complete this form in order to register with the University of Miami.**

I. GENERAL

Name: _____ **Date of Birth:** _____

Home Address: _____ **City, State, Zip:** _____

Home Phone: _____ **Cell Phone:** _____

Name of Firm or Agency: _____

Business Address: _____ **City, State, Zip:** _____

Business Phone: _____ **Fax:** _____

Email: _____ **Website:** _____

II. EDUCATION

High School: _____ **City, State:** _____

Year of Graduation: _____

Undergraduate: _____ **City, State:** _____

Year of Graduation: _____ **Degree(s) Earned:** _____

Graduate: _____ **City, State:** _____

Year of Graduation: _____ **Degree(s) Earned:** _____

Graduate: _____ **City, State:** _____

Year of Graduation: _____ **Degree(s) Earned:** _____

Admitted to the Bar Yes No

State(s) Admitted: _____ **Year(s) Admitted:** _____

Return Completed Form to:

**University of Miami Athletic Department
Office of Athletics Compliance
5821 San Amaro Drive
Coral Gables, FL 33146**

Fax: 305-284-2276



III. EXPERIENCE

Number of years of experience as an agent/advisor: _____

Sport(s) in which you currently represent athletes: _____

How many athletes in each sport do you currently represent? _____

List 10 athletes you currently represent:

<u>Player Name</u>	<u>Team</u>	<u>League</u>	<u>Team Representative</u>

List at least 5 athletes you represented in the past:

<u>Player Name</u>	<u>Team</u>	<u>League</u>	<u>Team Representative</u>

Do you earn income from work performed in any capacity other than as an agent/advisor? Yes No

If yes, describe other occupation(s) or service(s) for which you earn income:

What approximate percentage of your total work time is consumed as an agent/advisor? _____



IV. OTHER QUALIFICATIONS

Are you registered with the State of Florida Department of Business and Professional Regulation?

Yes No

If yes, please provide your license number _____

Are you currently certified by the NFLPA? Yes No Permanent Provisional

Are you currently certified by the NBAPA? Yes No

Are you currently certified by the MLBPA? Yes No

Please attach a copy of your certification card(s)

List current membership in any professional organizations: _____

List any occupational or professional licenses (e.g. certified public accountant, charter life underwriter) and dates obtained: _____

V. PROFESSIONAL SERVICES

General services performed for client athletes (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Playing Contract Negotiations | <input type="checkbox"/> Endorsement Contract Negotiations |
| <input type="checkbox"/> Legal Assistance | <input type="checkbox"/> Tax Consulting |
| <input type="checkbox"/> Financial Planning | <input type="checkbox"/> Money Management |

For services you perform for client athletes, list the names, addresses and phone numbers of individuals, firms or agencies who assist in providing these services:

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

When receiving compensation for contract negotiation services, you receive payment:

- "Up front" Payments received as the player is compensated



VI. PREVIOUS EMPLOYMENT

Organization: _____ **Position:** _____ **Dates Employed:** _____

Address: _____ **City, State, Zip:** _____

Organization: _____ **Position:** _____ **Dates Employed:** _____

Address: _____ **City, State, Zip:** _____

VII. REFERENCES

Name: _____ **Position/Relationship:** _____

Address: _____ **City, State, Zip:** _____

Phone: _____

Name: _____ **Position/Relationship:** _____

Address: _____ **City, State, Zip:** _____

Phone: _____

VIII. EMPLOYEES / ASSOCIATES *Identify all persons who may contact a student-athlete on your behalf. Attach a separate piece of paper if necessary.*

Name: _____ **Position:** _____

Name: _____ **Position:** _____

Name: _____ **Position:** _____

Name: _____ **Position:** _____

IX. AGENT/ADVISOR AGREEMENT

I certify that the above information is accurate and complete to the best of my knowledge. Further, I certify that I will notify the Assistant Athletic Director for Compliance before the first contact with any student-athlete who has eligibility remaining in any sport and is enrolled at the University of Miami or before the first contact with the student-athlete's coach. I have reviewed the University of Miami, State of Florida, and NCAA rules and regulations that accompany this form and will engage in no activity prior to a student-athlete's agreement to be represented that would otherwise jeopardize his/her eligibility. I also understand that failure to comply with the terms of this certification and the applicable University of Miami, State of Florida, and NCAA legislation may result in my being banned from coming onto the institution's campus; that the institution may initiate legal proceedings against me; and civil and/or criminal penalties may be assessed to me in accordance with applicable Florida statutes.

Signature of Agent/Advisor:	Date:
-----------------------------	-------