

To be Completed by Coach/Sport Administrator Prior to being submitted to Compliance:

By signing below, I understand the NCAA, ACC, and University requirements and regulations related to camps and/or clinics. I understand that I am required to adhere to legal requirements related to the conduct and running of camps and clinics.

Name of Camp

Dates of Camp

Camp Director Signature

Date

Head Coach Signature (if different)

Date

As Sport Administrator, I authorize this camp to take place subject to Compliance Approval.

Sport Administrator Signature

Date

<i>The following have been received and reviewed by the Compliance Office as requirements prior to advertising the camp:</i>	
	Camp will take place during a permissible time period (appropriate months, not during a Dead Period, etc.)
	Approved Camp Brochure, or Advertisements
	Camp Description Form
	Discount Form
	Use of University Facilities Agreement
	Camp Employee List (Must be submitted and approved by compliance prior to the start of camp)
Signature & Date of Compliance Review for Pre-Approved Forms:	

<i>The following have been received and reviewed by the Compliance Office as requirements 30 days following the conclusion of each camp session :</i>	
	Camp Registration List
	Discount List
	Refund List
	Mementos & Gifts List
	Award List
	Camp Employee Report(Updated with Changes)
	Camp Financial Report
Signature & Date of Compliance Review for Post-Camp Forms:	

1. Sport _____
2. Name of Camp: _____
3. Camp Director/Supervisor: _____
4. Dates of Camp (Identify each session): _____
5. Any Restrictions on Participants?
(i.e. age, sex, grade) _____
6. Methods of Soliciting Participants:
(i.e. brochures, website, etc.) _____
7. Approximate number of Attendees: _____
8. Approximate number of Employees:
 - a. # of Student-Athletes: _____
 - b. # of UM Staff & Coaches: _____
 - c. # of Outside Coaches: _____
 - d. # Other (Please explain): _____
9. Will Prospects be employed? _____
10. Facilities and Equipment Required: _____
11. Special Arrangements for Participants:
 - a. Room: _____
 - b. Board: _____
 - c. Transportation: _____
12. Special Arrangements for Employees:
 - a. Room: _____
 - b. Board: _____
 - c. Transportation: _____
13. Awards or Merchandise Provided:
 - a. Participation Award: _____
 - b. Achievement Awards: _____
 - c. Special Prizes: _____
14. Concession Arrangements:
 - a. Who is handling concessions? _____
 - b. What types of merchandise? _____
15. Will the camp be sponsored by any outside
Organization/corporation/individual? _____

Signature of Coach/Camp Director

Date

Camp Name: _____ Dates of Camp Sessions: _____

Group Discount is any discount based on attendance by multiple campers. Group discounts are available to all who meet the published group criteria.

Individual Discount is any discount based on the characteristics of an individual camper. High school, prep school and two-year letter award winners are not permitted to receive individual discounts.

NCAA Bylaw 13.12.1.7.1

An institution, members of its staff or representatives of its athletics interests *shall not employ or give free or reduced admission privileges to a high school, preparatory school or two-year college athletics award winner* or any individual being recruited by the institution per Bylaw 13.02.13.1. For purposes of this rule, a high school includes the ninth-grade level, regardless of whether the ninth grade is part of a junior high school system.

Official Interpretation, 8/27/2009

An institution may offer discounted admission to any individual based on objective criteria unrelated to athletics abilities, *provided such discounts are published and available on an equal basis to all who qualify.*

Staff Interpretation, 4/6/1994

It is permissible for an institution to provide free or reduced admission to attend the institution's camp/clinic to individuals who are not high-school, prep-school or two-year college athletics awards winners and who are not being recruited by the institution to participate in its intercollegiate athletics program. The provision of reduced-admission privileges to selected individuals who are not athletics award winners is not considered an offer or inducement; however, *such individuals, even those below the ninth grade, who receive such privileges would be considered prospective student-athletes.*

The Individual Discounts for this camp will be: _____

The Group Discounts for this camp will be: _____

The Refund/Proration Policy for this camp is: _____

To the best of my knowledge, this form has been completed as accurately and thoroughly as possible. I agree to notify the Compliance Office when additional information or changes to the information becomes available.

Signature of Coach/Camp Director

Date



UNIVERSITY OF MIAMI – CAMP REGISTRATION FORM

Contact Information

Name of Camp: _____

Dates of Camp: Arrival _____ Departure _____

Description of Camp: _____

Web Site: _____

Permanent Business Address Information

Legal Name of Organization/Business: _____

Address: _____

City/State/ZIP: _____

Business Phone: () _____ Business FAX () _____

Contact Person Name/Title: _____

E-mail address: _____

On-Site (While on UM Campus) Camp Contact Info (Required)

1. Camp Director: _____

Cell Phone: () _____ E-mail address: _____

2. Additional Camp Name/Title: _____

Cell Phone: () _____ E-mail address: _____

3. University Camp Liaison (UM Employee): _____

Title and Department: _____

Campus e-mail: _____

UM Office Phone: () _____ Cell Phone: () _____

Affidavit

I, _____, attest that the information on this form and attached documents is true and correct to the best of my knowledge.

Signature and Date: _____

Camp Times/Locations

Primary UM Campus Facility: _____

Additional Facilities (Lodging, Meals, Recreation, etc.): _____

Specific Structure: Day Conf./Camp/other, Mon-Fri Day Conf./Camp/other, Includes Sat or Sunday
 Overnight Conf./Camp/other, Mon-Fri Overnight Conf./Camp/other, Includes Sat/Sun

Specific Times: _____ Pre-Care begins Lunch Break: _____ to _____
 _____ Sessions Begins
 _____ Sessions Ends Other Break?: _____ to _____
 _____ Aftercare Ends Type: _____

Parent/Camper Pickup and Drop-off Location (s): _____

Will Parking Passes Be Required for Conf./Camp/other Administration Counselor?

No Yes (number) _____

Conf./Camp/other Participants: Total Expected per Day _____ Total for Conf./Camp/other _____

Conf./Camp/other Participant Age (s):

Adult (23+) College(18-22) Teen (13-17) Youth (9-12) Elementary (5-8)
_____ # _____ # _____ # _____ # _____

Staff/Counselors on Duty per Day: _____ Ratio of Participants to Staff/Counselors: _____

Staff/Counselor Training, Certifications or Experience (UM Faculty or Staff, Miami-Dade teachers, School of Education Students, etc.) _____

Please attach copies of the following:

- Summer Camp Daily Program or Schedule
- Flyer, Brochure, or Letter advertising Summer Camp, or other print publicity
- Any additional documents that explain or clarify details related to the Summer Camp

Camp Name: _____ Dates of Camp Sessions: _____

You must submit a separate Camp Employee List for **EACH** camp session you run. Please use the back of this form for additional names.

Name	Employment/Affiliations (e.g. school, team, employer)	Rate of Pay (Must Be Going Rate)	Other Compensation (e.g. transportation, lodging)	Responsibilities (e.g. counselor, speaker)

I understand this list must be submitted two weeks prior to the start of each clinic and must include all employees who intend to work my clinic (including student-athletes, volunteers, etc.). Furthermore, I understand that no employee may begin work until the business day following written Compliance approval. Should this camp employee list change or be revised, I understand that it is my responsibility to provide the compliance office with an updated list.

Signature of Coach/Camp Director

Date



Athletics Camps Insurance Approval Form

Coach): _____

Camp Name: _____

Camp Site Address: _____

Start Date: _____ End Date: _____

Description of Activities: _____

Expected number of campers: _____

Ages of campers: _____

Please send this completed form to Risk Management along with a certificate of insurance.

Phone: 305-284-3163 Fax: 305-284-3405

Email: MGresham@Miami.edu or RiskManagement@Miami.edu

FOR RISK MANAGEMENT PURPOSES ONLY – (Do not write in the space below)

Insurance	Yes/ No	Coverage Limits
General Liability		
Molestation Coverage		
Additional Insured		
Approved / Denied		

RM Comments: _____



Coral Gables Campus
Revocable Agreement for Use of University Facilities

Requesting Organization's name ("USER")
"USER" to match COI

Requesting organization's person in charge & responsible for the function (or use)

Address

City/State/Zip

Phone () - Alternate phone () -

Email

Requesting organization's alternate person in charge & responsible for the function (or use)

Address

City/

State/Zip

Phone () - Cell () -

Email

Requesting organization's on-site person in charge & responsible on day of the function (or use)

Address

City/State/Zip

Phone () - Cell () -

Email

University Facility Coordinator

Building desired

Rooms desired

Date(s) Time: From : To :

Description of event

Purpose of function

Security requirements: UM (contact UM Police, 305-284-3075)

No. of participants No. of minors

Parking/Shuttle/Valet/Parking Officer requirements (contact UM Parking, 305-284-3096)

Set-up/Event support/Cleanup required (contact UM Facilities Customer Service, 305-284-8282) _____

Specify number of trash bins you require for this event _____

Specify number of recycle bins you require for this event _____

All recyclable trash shall be properly sorted and placed in appropriate recycle bins. Bins shall be requested through Facilities Management at 305-284-8282.

Equipment desired _____

Is taping required? Yes _____ No _____

Form of payment _____

Building/Room/Field rental fees \$ _____

Equipment fees \$ _____

Any applicable taxes including Florida Sales & Use Tax on the 2 items above \$ _____ (Florida Sales & Use Tax currently 7%)

If tax exempt, MUST attach certificate of exemption

Estimated labor fees (including preparation) \$ _____

Security fees \$ _____

Clean-up fees \$ _____

Reimbursable fees \$ _____

Additional fees \$ _____

(Specify additional fees) _____

Total fees for use of University facility \$ _____

University account to be charged _____

University account to be credited _____

Will a charge be made for admission or a donation or contribution solicited? Yes _____ No _____

Which _____

If so, for what purposes will the proceeds be used _____

Additional terms _____

The use of any University facility is permitted only by an agreement revocable by the University of Miami at any time without notice or cause. This document does not constitute an agreement until executed by the Office of Financial Operations AND the Facility Coordinator. This executed agreement must be available to be shown to the building supervisor at time of admission to building.

REGULATIONS

User, by signing this form, agrees to the following:

- a. User must make detailed arrangements with the particular facility coordinator of the University at least three (3) weeks in advance of the event.
- b. The University will not be required to provide any publicity or informational service or general business service for a prospective user.
- c. No smoking is permitted in any part of the building.
- d. No alcoholic beverages or gambling devices of any kind may be brought onto any University property unless authorized in writing by the Office of Financial Operations.

- e. Three (3) weeks prior to the event the User must notify the UM Police Department at the Coral Gables campus (305-284-6666) to review the event for security requirements and develop a security plan. The User will comply with and be responsible for all costs associated with the event security plan. The User will report all criminal acts to the University police by calling 305-284-6666 to ensure proper investigation and other reporting requirements. Emergencies are reported by calling 911 or 305-284-6666.
- f. User shall not injure, mar or allow any alteration to be made to any University property or equipment. User agrees to be responsible for the cost of repair or replacement of any University property lost, damaged, destroyed or defaced by those in attendance. The University will not assume any responsibility for the damage or loss of any merchandise or articles left in University facilities prior to, during or following the function.
- h. Prior to execution by the University for the use of space in any University building or on any University grounds or portion thereof for an activity for which admission is charged, or when it is deemed necessary by the Office of Financial Operations, User shall furnish public liability and property damage insurance in the amounts set forth below. Such insurance shall designate User and the University of Miami, Board of Trustees, officers and employees of the University as named insured and shall provide that such insurance shall be primary over any other liability policy maintained by the University of Miami. Evidence of such coverage shall be submitted to the Risk Management Office at 1320 South Dixie Highway, Suite 1200, Coral Gables, FL 33146, phone 305-284-3163; fax 305-284-3405 at least two weeks prior to the requested date(s) for use of the facilities. This evidence of coverage shall be in the form of a "Certificate of Insurance" issued by the insurance company providing coverage; the limits of liability shall not be less than '\$3,222,222' per Occurrence and \$3,000,000 Aggregate per Occurrence and \$3,000,000 Aggregate. Additional coverage at the discretion of the University's Risk Management Department.
initial here
- i. User shall carry Workers' Compensation insurance in an amount equal to the statutory limits established by the State of Florida for any and all workers.
- j. Persons shall be admitted to the University of Miami facilities without regard to age, race, color, sex, religion, creed or national origin.
- k. User agrees that it shall conform to, comply with, and abide by all the laws of the United States and the State of Florida, the rules and regulations of jurisdictional government boards and bureaus, including the regulations of the Fire Department. Failure to comply with this provision will be grounds for termination of the event. Individuals attending the event who fail to comply with laws, ordinances, rules and regulations are subject to removal from University property and issuance of trespass warnings.
- l. User must obtain all required permits from the City of Coral Gables pertaining to their event: structural permits for tents, plumbing permits (if using portable restroom facilities), electrical permits (for tent lights, electrical outlets, etc.), and all other necessary permits that apply to the event. Application for permits can be obtained from the University's Facilities Administration office located at 1535 Levante Avenue, 2nd floor, Coral Gables, Florida; telephone number 305-284-3051. User shall be required to locate utilities and will not be allowed to drive stakes in the ground without prior approval from Facilities Management. For structural tent set-ups, user shall be required to locate utilities and will not be allowed to drive stakes in the ground without prior approval from Facilities Management.
- m. The University has installed a lightning prediction system which is designed to predict lightning strikes within a defined geographical region. When the conditions for a lightning strike exist, the system will give a 15-second blast from a cluster of horns (sirens) which can be heard about ½ mile away. At the same time, a yellow strobe visible from certain areas will activate and stay on until the danger has passed or at least 10 minutes after the last detection of lightning. During this alarm state, those outdoors on athletic fields are strongly advised to seek appropriate shelter. Those who remain do so at their own risk. Once the potential for a lightning strike has passed, the system will activate horns for an all-clear signal—three short (5 second duration) blasts—and the strobe light will cease functioning. The system will regularly be in effect during the hours of 7 am to 11 pm. If you have any questions about the system, please contact UM Police at 305-284-6666.
- n. The User is responsible for any and all costs in connection with the presentation of the function set forth herein. All facility fees must be paid prior to the scheduled date of use unless other arrangements are made in writing with the individual facility coordinator. The reimbursable fees will be paid within 30 days after use of said facility. User is responsible for any and all costs in connection with the presentation of the function set forth herein, including damage to grounds, trees or shrubs.
- o. User must adhere to hours applicable to space for which agreement applies.
- p. In compliance with local fire codes, the University reserves the right to limit the number of persons who may enter the facility during the term of this Agreement.
- q. Special additional regulations may apply for the use of a facility which will be made available by the particular

- facility coordinator. Additional regulations should be attached to this Agreement.
- r. User shall be solely responsible for the safety and welfare of its agents, employees, guests and the attending public.
 - s. User shall not use the University's name in any form or manner nor will it state or indicate that the University endorses or approves any event(s) or products.
 - t. User shall not block aisles, fire exits, lobbies, passageways or doorways. User agrees not to use, store or permit to be used or stored in or on any part of the University premises any substance or thing prohibited by any law or ordinance, or by standard policies of fire insurance companies operating in the State of Florida. Any illuminating oils, candles, lamps, turpentine, benzene, naphtha, or similar substances, or explosives of any kind will not be permitted on the premises.
 - u. This Agreement is non-assignable.
 - v. Compliance with applicable provisions of the Americans with Disabilities Act (ADA) is required for events held in University facilities.
 - w. Late cancellations or a "no show" for a scheduled facility use may be grounds for termination or restriction of use privileges.
 - x. In event of unforeseen occurrences or the failure of the User to comply with any covenant or term of this Agreement, the University shall have the right to immediately terminate this Agreement by verbal notice to User or its representative. The User may terminate this Agreement in advance of the actual commencement of function upon ____ days written notice to the University. In the event of such termination, the User shall be refunded the Use fee, prorated according to any actual occupancy and use.
 - y. Violation of any of these regulations resulting in cost or expense to the University will subject User to liability for such cost and expense, including attorney fees, and will result in denial of future requests for use of University property.
 - z. The University retains all concession rights, unless otherwise specified in writing, and the User may not engage in any selling of any items except programs.
 - aa. The User must notify the University Facility Coordinator at least three (3) weeks prior to the event of the User's reasonable expectation of attendance at the event and the User's requirements for security. The User shall be responsible for notifying University of any security required at the event in all areas contracted for under this Agreement. However, the determination of the need and amount of security for an event shall be within the University's sole discretion. The University reserves the right to require security for the event above and beyond listed security requirements, to be paid by the User, if cause has been identified.
 - bb. The University reserves the right in the exercise of its sole discretion to rescind and cancel this agreement at any time and for any cause whatsoever.
 - cc. The University of Miami Emergency Notification Network (ENN) is the comprehensive communications solution that allows the University to quickly disseminate an urgent message through multiple mediums. IF there is a condition which significantly threatens the health and safety of persons on campus, University officials will warn the campus community using one or more communication methods. If you are notified of a campus emergency during your event, you and your staff should get more information by going to www.miami.edu/prepare or by calling the campus emergency hotline at 305-284-5151. If you host events on a routine basis at the University of Miami and would like to receive ENN alerts via text, email and voice calls to your cell phone, please contact the University of Miami Office of Emergency Management at 305-284-8005.
 - dd. You are responsible for understanding your role in an emergency. The University of Miami Disaster Preparation and Recovery Plan provides guidelines of what to do during an emergency. A PDF copy of the plan can be downloaded from the Emergency Preparedness website at www.miami.edu/prepare. You may also contact the University of Miami Office of Emergency Management at any time by calling 305-284-8005. For all life-threatening emergencies, please call 911.

NOTE: If the Requesting Organization is a non-University organization, any advertising in conjunction with the event must contain the following language:

"This program, while located at the University of Miami, is neither the responsibility of nor endorsed by the University of Miami."

All copies of this Agreement must be executed by User and Facility Coordinator prior to submission to the Office of Financial Operations, 1320 South Dixie Highway, Suite 1230, Coral Gables, FL 33146. Please make checks for all fees payable to the University of Miami, and mail or deliver them to the Facility Coordinator two weeks prior to the scheduled date of use.

I agree on behalf of the above organization that all agents, employees, members and guests will observe the provisions and regulations contained herein, and any other rules or regulations which relate to the use of University property, and User and I, individually and on behalf of User, assume full financial responsibility for and release, indemnify and hold harmless the University of Miami, its Trustees, officers, employees and agents from and against any and all losses, claims, demands, damages, actions or causes of action of whatsoever kind and nature, liability and expenses, including attorney fees arising out of injury or death to persons or damage to property connected with or arising out of the use of facility or activities of User, its agents, employees or guests. _____ initial here

Reviewed & Updated 4-12-12

USER (name) _____ User Representative (name) _____ Signature: _____ Title _____ Date _____

UNIVERSITY OF MIAMI Coral Gables Facility Coordinator Signature: _____ Name _____ Title _____ Date _____ APPROVED: Office of Financial Operations Signature: _____ Name _____ Title _____ Date _____

Attachments

Please attach copies of the following to this Use Agreement (for all that apply):

- Tax-Exempt Form (if claiming tax exempt status; if not, 7% Florida Sales Tax will apply)
- Certificate of Insurance (General Liability naming UM as additional insured)
- Summer Camp Daily Program or Schedule
- Flyer, Brochure, or Letter advertising Summer Camp, or other print publicity
- Contract/Agreement with Chartwell's Dining Services for any food services required
- Contract/Agreement with UM Dept. of Residence Halls for any housing requirements
- Any additional documents that explain or clarify details related to the Summer Camp