

**UNIVERSITY OF KENTUCKY  
2020-21 PLAYER-AGENT REGISTRATION FORM**

The completion of this form is required for registration in the University of Kentucky Player-Agent Program.

**NOTE:**        **This form must be completed in its entirety.**

**I)     General**        (Please print or type)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_

Home Address: \_\_\_\_\_  
City State Zip

If affiliated with a particular firm or agency as a player-agent, please indicate:

Name of Firm/Agency: \_\_\_\_\_

Business Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip Business Phone

E-mail Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**II)     Education**

High School

Name: \_\_\_\_\_  
City State

Month/Year Graduated: \_\_\_\_\_

College (undergraduate)

School Name: \_\_\_\_\_  
City State

Degree(s) and Year Graduated: \_\_\_\_\_

Graduate/Legal

College or University: \_\_\_\_\_  
City State

Degree(s) Awarded and Year: \_\_\_\_\_

Admitted to Bar (If applicable)

Yes \_\_\_\_\_ No \_\_\_\_\_  
State Date

**III)     Experience**

Number of years experience as a player-agent: \_\_\_\_\_

Sports in which you currently represent athletes and total number of athletes in each sport:

_____	_____
_____	_____
_____	_____
_____	_____

#### IV) Other Qualifications

Current membership in professional organizations: \_\_\_\_\_

\_\_\_\_\_

Occupational or professional licenses (e.g., certified public accountant, chartered life underwriter) and date obtained: \_\_\_\_\_

\_\_\_\_\_

Are you currently registered by the State of Kentucky as a player-agent?

\_\_\_\_\_  
Yes

\_\_\_\_\_  
No

If Yes, what is your Kentucky Agent Registration Number \_\_\_\_\_

Are you currently certified by the NFLPA?

\_\_\_\_\_  
Yes

\_\_\_\_\_  
No

Permanent

Provisional

(Circle one)

Are you currently certified by the NBPA? \_\_\_\_\_

\_\_\_\_\_  
Yes

\_\_\_\_\_  
No

Permanent

Provisional

(Circle one)

Are you currently certified by the MLBPA? \_\_\_\_\_

\_\_\_\_\_  
Yes

\_\_\_\_\_  
No

Permanent

Provisional

(Circle one)

#### V) Professional Services

General services performed for client-athletes (check those that apply and indicate fee charged):

Playing

contract negotiations: \_\_\_\_\_  
Yes No

Hourly fee or percentage: \_\_\_\_\_

Endorsement

contract negotiations: \_\_\_\_\_  
Yes No

Hourly fee or percentage: \_\_\_\_\_

Legal Assistance \_\_\_\_\_

Tax Consulting \_\_\_\_\_

Financial Planning \_\_\_\_\_

Money Management \_\_\_\_\_

For the services you perform for client athletes, list the names and address of individuals, firms or agencies that assist in providing these services. Use additional sheets if necessary:

Name	City	State
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Name	City	State
------	------	-------

Name	City	State
------	------	-------

Name	City	State
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In receiving compensation for contract negotiation services, do you receive payment "up front" or are your payments received as the player is compensated?

Names of any athletes including UK athletes (or all clients, if fewer than 10) you previously or currently represent and, in team sports, the team/league to which each athlete is currently under contract and name of team representative with whom you negotiated this contract. Write "none" if you currently do not represent any athlete. If you represent athletes in more than one sport, please provide this information for at least five clients (athletes) in each sport. Use additional sheets if necessary:

<u>Player Name</u>	<u>Team</u>	<u>Clients Phone</u>	<u>Team Representative</u>
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Please indicate which current University of Kentucky student-athletes you plan to contact in the upcoming year:

Do you earn income from work performed in some capacity other than as a player-agent?

                      
Yes

                      
No

If yes, describe other occupation(s) or service(s) for which you are paid:

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What approximate percentage of your total work time is consumed as a player-agent: \_\_\_\_\_

**VI) Previous Employment** (last two positions and dates of employment)

Firm \_\_\_\_\_ Position/Date \_\_\_\_\_

Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_

Firm \_\_\_\_\_ Position/Date \_\_\_\_\_

Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_

**VII) References**

Name \_\_\_\_\_ Position \_\_\_\_\_

Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_

Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_

Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_

I certify that the above information is true, correct and complete to the best of my knowledge. Further, I certify that I will notify Rachel Baker before the first contact with a student-athlete who has eligibility remaining in any sport and is enrolled in the University of Kentucky or before the first contact with the student-athlete's coach. I have reviewed the NCAA rules and regulations that accompany this form will not and/or have not engaged in any activity prior to a student-athlete's agreement to be represented that would otherwise jeopardize the student-athlete's eligibility. I also understand that failure to comply with the terms of this certification and the applicable NCAA legislation may result in the initiation of legal proceedings by the University of Kentucky against me and the assessment of civil and/or criminal penalties to me.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return Completed Form To:**

Rachel Baker, Executive Associate AD/Compliance  
University of Kentucky Athletics  
338 Lexington Ave.  
Lexington, KY 40506  
Phone: (859) 218-1464  
Fax: (859) 323-4999