



# STUDENT-ATHLETE FEE FOR LESSON EMPLOYMENT STATEMENT

Student-Athlete Name: \_\_\_\_\_ Sport: \_\_\_\_\_

Academic School Year: \_\_\_\_\_ OR Summer: \_\_\_\_\_ SPC Spirit ID#: \_\_\_\_\_

**PLEASE NOTE:** This information is sought to ensure compliance with the NCAA bylaw 12.4 and NCAA rules, which permit Division I student-athletes to receive earnings from legitimate on-or off-campus employment during the academic year and vacation periods. In addition, please note that pursuant to NCAA Bylaw 12.4.2 you are permitted to receive compensation for teaching or coaching sport skills or techniques in your sport on a fee-for-lesson basis, provided:

- (a) Institutional facilities are not used;
- (b) Playing lessons shall not be permitted;
- (c) SPC obtains and keeps on file documentation of the recipient of the lesson(s) and the fee for the lesson(s) provided during any time of the year; and
- (d) The compensation is paid by the lesson recipient (or the recipient's family) and not another individual or entity.
- (e) Instruction to each individual is comparable to the instruction that would be provided during a private lesson when the instruction involves more than one individual at a time.
- (f) You do not use your name, picture or appearance to promote or advertise the availability of fee-for-lesson sessions.

**PLEASE PROVIDE THE FOLLOWING INFORMATION:**

Name of person(s) receiving lesson(s): \_\_\_\_\_

Age(s): \_\_\_\_\_ Recipient(s) School: \_\_\_\_\_

Date lesson starts: \_\_\_\_\_ Date lesson ends: \_\_\_\_\_

Total number of hours per session: \_\_\_\_\_ Is the lesson ongoing?  Yes  No

Amount of fee charged: \$ \_\_\_\_\_  Per Hour  Per Lesson Estimated total earnings from this lesson(s): \$ \_\_\_\_\_

Location of lesson(s) (Facility Name/City and State): \_\_\_\_\_

Was this job promised to you during recruitment or arranged by any athletics department staff members?

Yes  No

I hereby certify that the above information is true, and hereby authorize my coach and/or other appropriate SPC representative to obtain verification.

\_\_\_\_\_  
Student-Athlete's Signature

\_\_\_\_\_  
Date

**DO NOT WRITE BELOW THIS LINE. UPON APPROVAL FROM THE COMPLIANCE OFFICE, EACH LESSON RECEIPT WILL BE REQUIRED TO COMPLETE ADDITIONAL PAYMENT INFORMATION.**

Approved  Not Approved

\_\_\_\_\_  
Assistant Director of Athletics / Compliance Officer / SWA Signature

\_\_\_\_\_  
Date

