SA - FEE-FOR-LESSON COMPENSATION

This form must be completed prior to any student-athlete’s participation in, or the receipt of payment from, any fee-for-lesson instruction in the student-athlete’s sport to ensure compliance with the provisions of NCAA Bylaw 12.4.2.1.

A student-athlete may receive compensation for teaching or coaching sports skills or techniques in his or her sport on a fee-for-lesson basis, provided:

a) Institutional facilities are not used;
b) Playing lessons are not permitted;
c) The institution obtains and keeps on file documentation of the recipient of the lesson(s) and the fee charged for the lesson(s) provided during any time of the year;
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(s) when the instruction involves more than one individual at a time; and
f) The student-athlete does not use his or her name, picture or appearance to promote or advertise the availability of fee-for-lesson sessions.

TO BE COMPLETED BY THE STUDENT-ATHLETE:

Name: _____________________________ Sport: ____________ Year in School: _______________
Name of Lesson Recipient: __________________________ Date(s) of Lesson: ________________
Location of Lesson (Facility): ______________________________________________________
Cost of Lesson: __________________________
Person Responsible for Payment: ____________________________________________________
Relationship to Lesson Recipient: __________________________________________________
Payment Type (e.g., cash, check): __________________________________________________
Is payment through a club (e.g., country club): □ YES □ NO
If so, please name club: __________________________________________________________

By my signature below, I certify that the above information is complete and accurate, and that I have followed all applicable NCAA regulations concerning fee-for-lesson compensation.

____________________________________  ________________________________
Student-Athlete Signature              Date

ACO Approval:

____________________________________  ________________________________
ACO Signature                            Date

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