



# UNIVERSITY OF SOUTH DAKOTA

DEPARTMENT OF ATHLETICS, COMPLIANCE OFFICE

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## Camp/Clinic Approval Form

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Name of Camp/Clinic: \_\_\_\_\_

Coordinator of Camp/Clinic: \_\_\_\_\_

Date(s) of Camp/Clinic: \_\_\_\_\_

Date/Time of Educational Session (bball only): \_\_\_\_\_

Age of Campers: \_\_\_\_\_

Camp/Clinic Participation Cost: \_\_\_\_\_

List Methods of Advertising (e.g. website, brochures, mailings, etc): \_\_\_\_\_

\_\_\_\_\_

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I have reviewed and understand the University of South Dakota Camp/Clinic Compliance Manual posted online by the South Dakota Athletic Department. I understand that this guide is NOT intended as substitution for the NCAA Manual, binding interpretations of NCAA legislation, University Policy and Procedures, or professional legal advice.

\_\_\_\_\_  
Camp Director/Head Coach Date

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**This camp or clinic is not being held during a dead period**

\_\_\_\_\_  
Director of Compliance Date

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Approval of Sport Supervisor

\_\_\_\_\_  
Sport Supervisor Date