

LSU COMPLIANCE

PAYMENT OF CAMP FEES DECLARATION FORM

This form must be completed by any individual who is paying the camp registration fee for of a camper that is not a member of his or her immediate family. High school coaches are not required to complete this form.

Sport _____		Date(s) of Camp _____	
Name of Camper _____		Camper's Age _____	Grade Entering in Fall _____
Name of Individual submitting payment _____		Phone Number _____	
Relationship to Camper _____			
Did your relationship with the camper begin before or after the camper enrolled in 9th grade? <input type="radio"/> Before <input type="radio"/> After			
Has your relationship changed in any way since the student-athlete became a skill athlete? <input type="radio"/> Yes <input type="radio"/> No			
Have you previously paid for the camper to attend other camps or clinics? <input type="radio"/> Yes <input type="radio"/> No			
<i>If yes, when and where?</i> _____			
Has your relationship with the prospective/current student-athlete been continuous? <input type="radio"/> Yes <input type="radio"/> No			
Have you previously provided other expenses (educational, meals, gifts, etc.) to the camper? <input type="radio"/> Yes <input type="radio"/> No			
<i>If yes, please describe the nature of such expenses:</i> _____			

I certify that the information I have provided to the LSU Compliance Office is true and accurate. I understand that failure to provide truthful responses could negatively affect the eligibility for intercollegiate competition and financial aid of the associated camper.

Signature _____ Date _____

*** PLEASE FAX THIS FORM TO THE LSU COMPLIANCE OFFICE AT 225-578-2430 ***

FOR COMPLIANCE USE ONLY

APPROVED

DENIED

Comments _____

Compliance Office Signature _____

Date _____