



REPRESENTATIVE REGISTRATION FORM

The completion of this form is required to register for the Clemson University Agent Program. It must be completed in its entirety.

GENERAL INFORMATION	
Name:	Email:
Business Phone:	Mobile Phone:
Name of Firm/Agency:	
Business Address:	
City/State/Zip:	
Web Address:	
Are you seeking to represent a Clemson student-athlete in the capacity of (check): ATHLETE AGENT or FINANCIAL ADVISOR/PLANNER	
Are you currently registered by the State of South Carolina as a player-agent? <input type="checkbox"/> YES NO <input type="checkbox"/>	
If yes, please provide your registration number:	
EDUCATION	
High School: City/State:	Graduation Year:
College/University: City/State:	Degree Earned: Graduation Year:
Graduate/Professional School (City/State): 1. 2.	Degree Earned/Graduation Year: 1. 2.
List all State Bars you were admitted to, if applicable:	
State/Date:	Member in good standing? <input type="checkbox"/> YES NO <input type="checkbox"/>
State/Date:	Member in good standing? <input type="checkbox"/> YES NO <input type="checkbox"/>
State/Date:	Member in good standing? <input type="checkbox"/> YES NO <input type="checkbox"/>
State/Date:	Member in good standing? <input type="checkbox"/> YES NO <input type="checkbox"/>
State/Date:	Member in good standing? <input type="checkbox"/> YES NO <input type="checkbox"/>
Have you ever been subject to disciplinary action either privately or publicly by any bar? <input type="checkbox"/> YES NO <input type="checkbox"/> If yes, which state and when?	
EXPERIENCE	
Number of years experience as a player-agent or financial advisor?	
Sports in which you currently represent athletes and total number of athletes in each sport: 1. 2. 3. 4. 5.	

CLEMSON COMPLIANCE

OTHER QUALIFICATIONS

Professional Affiliations/Memberships:

- 1.
- 2.
- 3.
- 4.
- 5.

Occupational or Professional Licenses
(e.g. certified public accountant, chartered life underwriter) and date obtained:

- 1.
- 2.
- 3.
- 4.
- 5.

Are you certified by the NFLPA?

YES NO

PERMANENT or PROVISIONAL

Are you certified by the NBPA and NCAA?

YES NO

PERMANENT or PROVISIONAL

Are you certified by the MLBPA?

YES NO

PERMANENT or PROVISIONAL

Are you certified by the any other professional sports organization?

YES NO

PERMANENT or PROVISIONAL

PROFESSIONAL SERVICES

General services performed for client-athletes

Contract Negotiations:

Tax Consulting:

Endorsement Contract Negotiations:

Financial Planning:

Marketing Services:

Money Management:

Legal Assistance:

How do you charge for the services you perform for client-athletes: HOURLY PERCENTAGE

In receiving compensation for contract negotiation services, do you receive payment "up front" or are your payments received as the player is compensated? UP FRONT AS COMPENSATED.

List the names and addresses of individuals, firms or agencies that assist in providing these services. Use additional sheets if necessary.

- 1.
- 2.
- 3.
- 4.
- 5.

CLEMSON COMPLIANCE

Do you earn income from work performed in some capacity other than as a player-agent or financial advisor? YES NO

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

- 1.
- 2.
- 3.
- 4.
- 5.

What approximate percentage of your total work time is consumed as a player-agent or financial advisor?

CLIENTS

Names of any athletes, including Clemson University athletes (or all clients, if fewer than ten) you previously or currently represent and, in team sports, the team/league to which each athlete is currently under contract.

Write "none" if you currently do not represent any athletes. If you represent athletes in more than one sport, please provide the above information for at least five clients in each sport. Use additional sheets if necessary.

- 1.
- 2.
- 3.
- 4.
- 5.

Please indicate which current Clemson student-athlete(s) you plan to contact in the upcoming year:

- 1.
- 2.
- 3.
- 4.
- 5.

PREVIOUS EMPLOYMENT

List the name and address of your last two positions and dates of employment.

REFERENCES

- 1.
- 2.
- 3.

I certify that the above information is true, correct and complete to the best of my knowledge. Further, I agree to notify Clemson University Athletic Compliance Services (CUACS) before the first contact with a student-athlete, or their family members, who have remaining eligibility in any sport. I have reviewed the NCAA rules and regulations that accompany this form. I have not and will not engage 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 agreement and the applicable NCAA, ACC and South Carolina Agency legislation may result in the initiation of legal proceedings by Clemson University against me and the assessment of civil and/or criminal penalties.

Signature

Date

Return Completed Form To:

Clemson University Athletic Compliance Services
P.O. Box 31
Clemson, SC 29633
cuacs@clemson.edu