

**North Carolina State University  
2009-10 Player-Agent Registration Form**

The completion of this form is required for registration in the North Carolina State University Player-Agent Program.

**NOTE:** This form must be completed in its entirety

**I) General** (Please print or type)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

SS #: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Home Address: \_\_\_\_\_  
City State Zip

If affiliated with a particular firm or agency as a player-agent, please indicate:

Name of Firm/Agency: \_\_\_\_\_

Business Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip Business Phone

E-mail Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**II) Education**

High School  
Name: \_\_\_\_\_  
City State

Month/Year Graduated: \_\_\_\_\_

College (undergraduate)  
Name: \_\_\_\_\_  
City State

Degree(s) and Year Graduated \_\_\_\_\_

Graduate/Legal  
College or University \_\_\_\_\_  
City State

Admitted to Bar (If applicable)

Yes \_\_\_\_\_ No \_\_\_\_\_  
State(s) Date(s)





Please indicate which current North Carolina State University student-athlete you plan to contact in the upcoming year:

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Do you earn income from work performed in some capacity other than as a player-agent?      Yes      No

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

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Approximately what percentage of your total work time is consumed as a player-agent? \_\_\_\_\_

**VI) Previous Employment (last two positions and dates of employment)**

Firm \_\_\_\_\_ Position/Date \_\_\_\_\_

Address \_\_\_\_\_

Firm \_\_\_\_\_ Position/Date \_\_\_\_\_

Address \_\_\_\_\_

**VII) References**

Name \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

City

State

Name \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

City

State

Name \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

City

State

I certify that the above information is true, correct and complete to the best of my knowledge. Further, I certify that I will notify the Assistant Athletics Director for Compliance before the first contact with a student-athlete who has eligibility remaining in any sport and is enrolled in North Carolina State University or before the first contact with the student-athlete's coach and that I have reviewed the NCAA rules and regulations that accompany this form will not and/or have not engaged 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 certification and the applicable NCAA legislation may result in the initiation of legal proceedings by North Carolina State University against me and the assessment of civil and/or criminal penalties to me.

Signature\_\_\_\_\_

Date\_\_\_\_\_

Return Completed form to: NC State Compliance Office  
North Carolina State University  
Campus Box 8502  
Raleigh, NC 27695-8502  
919-515-2560  
919-515-6306 (Fax)