

Camps and Clinics

Pre-Camp Employee Roster

COACHES: This form should list all of the individuals who could be working at the camp/clinic. Their title should match one of the job descriptions listed on the Pre-Camp Job Description and Compensation Form.

Name of Camp Administrator:	Camp/Clinic Name and Dates:
-----------------------------	-----------------------------

EMPLOYMENT INFORMATION

Employee Name	Job Title at Camp	Dates to Work	Expected Pay	Affiliation

Are all employees with the same title paid the same rate? Yes No

If no, please explain the discrepancy in rate of pay:

Provisions of NCAA Bylaw 13.12.2.2 for High School, Prep School, Two-Year College Coaches:

- The individual must receive compensation that is commensurate with the going rate for camp counselors of like teaching ability and camp experience.
- The individual cannot be paid on the basis of the value he or she may have for the employer because of his or her reputation or contact with prospective student-athletes.
- NC State cannot compensate an individual based on the number of campers the coach sends to the camp.

Signature of Head Coach/Camp Director	Date:
Signature of Compliance Office	Date: