THE UNIVERSITY OF SOUTH DAKOTA
DEPARTMENT OF ATHLETICS

EMPLOYMENT LIST

SPORT:_____

Date(s) of Camp/Clinic: _____

Name of Employee	Title (Head Coach, Student, etc.)	Employer / Institution	*Pay Scale (indicate if hourly, weekly, etc.)	**Duties Performed

_____
Name of Camp

_____ _____
Camp Director Signature Date

_____ _____
Compliance Office Signature Date

* Compensation must be commensurate with the going rate for camp counselors of similar experience, and the student-athlete may not be paid based on his/her athletics reputation or fame as a student-athlete. A student-athlete who only lectures or demonstrates may not be paid for his/her appearance at the camp.

** The student-athlete must perform duties that are of a general supervisory character in addition to any coaching or officiating assignments.