

Valparaiso University
SPORTS AGENT REGISTRATION
QUESTIONNAIRE AND CERTIFICATION OF COMPLIANCE

I. BACKGROUND

Name_____

Firm Name_____

Address_____

City/State/Zip_____

Daytime telephone_____

Evening telephone_____

Fax number_____

e-mail address_____

II. VALPARAISO UNIVERSITY ATHLETICS DEPARTMENT SPORTS AGENT GUIDELINES AND PROCEDURES

The Undersigned Agent certifies that he/she has read, understands and will comply with the Valparaiso University Athletics Department Sports Agent Guidelines and procedures.

III. STATEMENT OF UNDERSTANDING

The following information is provided as a service to aid Valparaiso University Student-Athletes and Valparaiso University in better understanding the types and kinds of services and expertise offered by the undersigned Agent in preparation for a future Professional Sport Services Contract, and in turn to give notice of applicable NCAA Bylaws, State of Indiana laws, and the undersigned Agent's responsibility to any Valparaiso University Student-Athlete thereby.

The undersigned Agent's responses are intended to assist all Valparaiso University Student-Athletes in learning more about the particular Agent. Part of this process is accomplished by reference to the information provided below -- in other instances, by personal interview or meeting. Cognizant of the need to provide accurate and reliable information, the Agent hereby represents that the answers provided can be relied upon for their veracity and accuracy. In submitting this Registration Form, the undersigned Agent voluntarily agrees to comply with and be bound by applicable NCAA Bylaws and the laws of the State of Indiana.

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The undersigned Agent also understands that any false or misleading statement of any nature in answering a question on this Registration Form will be identified as such and explained to all Valparaiso University representatives, including without limitation Student-Athletes, parents and/or legal guardians of Student-Athletes, and other public and private colleges and universities.

If additional information is required to respond to a specific question, please attach whatever documentation the agent deems appropriate.

IV. INFORMATIONAL QUESTIONS/ RESPONSES

All questions must be answered completely.

- 1. Are you currently certified by the NFLPA? Yes ___ No ___ Permanent / Provisional
Are you currently certified by the NBPA? Yes ___ No ___ Permanent / Provisional
Are you currently certified by the MLBPA? Yes ___ No ___ Permanent / Provisional
Are you currently certified by the NHLPA? Yes ___ No ___ Permanent / Provisional

- 2. Have you ever been disbarred, suspended, reprimanded, censured, or otherwise disciplined or disqualified as an attorney, as a sports agent, as a member of any other profession, or as a holder of any public office? (YES or NO) If yes, please describe each action, the dates of occurrence, and the name and address of the authority imposing the action in question:

- 3. Are any charges or complaints (criminal, civil, or administrative) currently pending against you regarding your conduct as an attorney, as a sports agent, as a member of any profession, or as a holder of public office? (YES or NO) If yes, please describe including the authority considering the action:

- 4. Have you ever been convicted of, or plead guilty to a criminal charge, other than minor traffic violations (\$100 fine or less)? (YES or NO) If yes, indicate nature of the offense, date of conviction, criminal authority involved, and punishment assessed:

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IV. NOTICE OF NCAA BYLAWS

See NCAA Bylaws at:

[2018-19 NCAA Division I Manual](#)

By signing this Registration Form, you are affirming that it is your responsibility to be aware of the most current provisions of the NCAA Bylaws applicable to Agents and Student Athletes.

V. NOTICE OF INDIANA AGENT CODES

See Indiana athlete agent information at:

<http://www.in.gov/attorneygeneral/2818.htm>

By signing this Registration Form, you are affirming that it is your responsibility to be aware of the most current provisions of the Indiana State Laws applicable to Agents and Student-Athletes.

VI. NOTICE OF POSSIBLE SANCTION, PROSECUTION AND CENSURE

IF YOU ARE UNCERTAIN WHETHER A SPECIFIC ACTION MAY JEOPARDIZE A STUDENT-ATHLETE'S ELIGIBILITY IN VIOLATION OF NCAA BYLAWS OR INDIANA LAW, PLEASE CONTACT THE VALPARAISO UNIVERSITY ATHLETICS DEPARTMENT COMPLIANCE OFFICE FOR ASSISTANCE. LACK OF KNOWLEDGE OF NCAA BYLAWS AND/OR INDIANA LAW IS NOT A DEFENSE TO SANCTION BY THE NCAA, PROSECUTION IN THE INDIANA COURTS, OR PERMANENT CENSURE FROM ENTERING BUILDINGS OR ATTENDING EVENTS ON VALPARAISO UNIVERSITY'S CAMPUS.

VII. CERTIFICATION

The undersigned Agent hereby certifies and represents intending Valparaiso University to rely thereon, that:

- (1) the information I provided above is true, accurate, and complete;
- (2) I have read, understand and will comply with the Valparaiso University Athletics Department Sports Agent Guidelines and Proedures;
- (3) I have read, understand and will comply with all NCAA Bylaws applicable to Agents and Student-Athletes;

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- (4) I have read, understand and will comply with all Indiana Laws applicable to Agents and Student-Athletes;
- (5) I will not directly or indirectly jeopardize the eligibility of any Valparaiso University Student-Athlete to participate in intercollegiate sports; and
- (6) I hereby authorize Valparaiso University to take whatever action it deems appropriate if I, and/or any of my agents, associates, or “runners” violate the letter or spirit of the Valparaiso University Athletics Department Sports Agent Guidelines and Procedures, NCAA Bylaws or Indiana Laws applicable to Agents and Student-Athletes.

Signature: _____ Date: _____

Please return this completed Registration Form and a photograph of yourself to:

Sarah Pruess
Valparaiso University
Associate AD for Compliance
1009 Union St
Valparaiso, IN 46383
Phone: 219-464-5460
Fax: 219-464-5466
sarah.pruess@valpo.edu

_____ **For Valparaiso University Use Only** _____

To be completed by Valparaiso University Compliance Officer

Date Received: _____

Approved: _____ **Yes** _____ **No**

Approved From _____ **to** _____