



GEORGIA TECH COMPLIANCE OFFICE

Athlete-Agent Registration Form

General Information

Name: _____ City/State: _____ Zip: _____

Phone Number(s): _____ Email: _____

Business Information

Firm/Agency Name: _____ Address: _____

City/State: _____ Zip: _____ Website: _____

Education

Law School or Graduate School Attended: _____ City/State: _____

Degree(s) Obtained: _____ Year Graduated: _____

Admitted to Bar: Yes: _____ No: _____ State(s): _____ Year Admitted: _____

College or University Attended: _____ City/State: _____

Degree(s) Obtained: _____ Year Graduated: _____

Experience

Number of Years as an Agent: _____

Sports in which you *currently* represent athletes: _____

Number of athletes represented: _____

Other sports in which you *have* represented athletes: _____

Number of athletes represented: _____

Professional Associations

Are you currently registered as an Athlete Agent in the state of Georgia? Yes: _____ No: _____

Georgia Registration Number: _____

Current Memberships in Professional Organizations: _____

Occupational or Professional License(s) other than State Bar: _____

Are you currently certified by the *NFLPA*? Yes: _____ No: _____ Provisional: _____ Permanent: _____

Are you currently certified by the *NBAPA*? Yes: _____ No: _____ Provisional: _____ Permanent: _____

Are you currently certified by the *MLBPA*? Yes: _____ No: _____ Provisional: _____ Permanent: _____

Number of Years Certified: _____



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Professional Responsibility

Have you ever been disciplined by one of the associations listed in the Section above? Yes: _____ No: _____

Were you ever expelled or suspended from any college, university, graduate school or law school? Yes: _____ No: _____

Have you ever been convicted or pled guilty to a criminal charge other than a minor traffic violation? Yes: _____ No: _____

Have you ever been disbarred, suspended, reprimanded, censured or otherwise disciplined as an attorney, holder of public office, or any other profession? Yes: _____ No: _____

Have you ever been a defendant in any civil proceedings where the following allegations were brought against you: bankruptcy, fraud, misrepresentation, embezzlement, misappropriation of funds, conversion, breach of fiduciary duty, or legal malpractice? Yes: _____ No: _____

Has any surety or bond on which you were covered been required to pay any money on your behalf? Yes: _____ No: _____

Are any charges or complaints currently pending against you regarding your conduct as an attorney, holder of public office, or as a member of any profession? Yes: _____ No: _____

Are any charges or complaints currently pending against you regarding your conduct as a member of any profession, or as a holder of public office? Yes: _____ No: _____

Do you currently have any pending applications for an occupational or professional license, franchise, or other similar credentials? Yes: _____ No: _____

If you answered Yes to any of the above questions, please attach a document explaining why.

Athlete Representation

Please indicate any current Georgia Tech Student-Athletes you plan to contact during the upcoming year.

Student-Athlete	Student-Athlete

Please indicate the services available for your clients and the fee/percentage associated with the service.

Service	Yes/No	Hourly Fee	Percentage
Playing Contract Negotiations			
Endorsement Contract Negotiations			
Legal Assistance			
Tax Consulting			
Financial Planning			
Money Management			
Insurance			
Estate Planning			
Other:			



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Athlete Representation (continued)

Please indicate the individuals, firms, or agencies along with their addresses that assist in performing any of the services listed above.

Individual/ Firm/ Agency	City/State

Are your clients charged for additional services *not* listed above? Yes: _____ No: _____

If yes, please explain the fees for any additional services provided to your clients: _____

In receiving compensation for contract negotiations services, do you receive payment up front or are your payments received as the player is compensated? _____

Please explain any additional compensation agreements that may occur between you and your client, that have not been documented above: _____

Do you limit the number of clients that you will represent? Yes: _____ No: _____

If yes, please explain: _____

Please provide the information below for five (5) current or previous clients who you have represented in the past five (5) years.

Client Name	Current or Previous Client	Email or Phone Number	Team and League

Please provide the names of all persons who work with and for you, as it relates to your player-agent activities.

Name	Position/ Title	Email Address or Phone Number

Do you represent coaches? Yes: _____ No: _____

If yes, please provide the information below.

Coach	Current or Previous Client	Organization

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

If yes, please describe the other occupations or services for which you are paid: _____



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Please provide the company and requested information of your last three (3) employment positions.

Company	City/State	Title	Dates of Employment

References

Please provide three (3) references.

Name	Email	Telephone	Company/Firm	Title

Certification

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 **Georgia Tech Athletic Association Compliance Office** prior to the first contact with a student-athlete that has eligibility remaining in any sport.

I certify that I have reviewed the NCAA rules and regulations applicable to player-agents and **will not** engage in any activity, prior to a student-athlete’s agreement to be represented, that would jeopardize the student-athlete’s eligibility.

I certify that I have read the **Georgia Tech Athletic Association Player-Agent Policy** concerning student-athletes and agree to be bound by and conform to this policy. I further understand that failure to comply with the terms of this policy and the applicable NCAA legislation may result in the initiation of legal proceedings by the **Georgia Tech Athletic Association** and the assessment of civil and/or criminal penalties.

NAME: _____

SIGNATURE: _____

DATE: _____

Please Return Completed Form To:

**Georgia Tech Athletic Association
Compliance Office
150 Bobby Dodd Way NW
Atlanta, GA 30332-0455
Fax: 404.894.4285**