

**UNIVERSITY OF KENTUCKY
2023-24 PLAYER-AGENT REGISTRATION FORM**

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

NOTE: This form must be completed in its entirety.

I) General (Please print or type)

Name: _____ Date of Birth: _____

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: _____

II) Education

High School

Name: _____
City State

Month/Year Graduated: _____

College (undergraduate)

School Name: _____
City State

Degree(s) and Year Graduated: _____

Graduate/Legal

College or University: _____
City State

Degree(s) Awarded and Year: _____

Admitted to Bar (If applicable)

Yes _____ No _____
State Date

III) Experience

Number of years experience as a player-agent: _____

Sports in which you currently represent athletes and total number of athletes in each sport:

IV) Other Qualifications

Current membership in professional organizations: _____

Occupational or professional licenses (e.g., certified public accountant, chartered life underwriter) and date obtained: _____

Are you currently registered by the State of Kentucky as a player-agent? _____ Yes _____ No

If Yes, what is your Kentucky Agent Registration Number _____

Are you currently certified by the NFLPA? _____ Yes _____ No Permanent Provisional (Circle one)

Are you currently certified by the NBPA? _____ Yes _____ No Permanent Provisional (Circle one)

Are you currently certified by the MLBPA? _____ Yes _____ No Permanent Provisional (Circle one)

V) Professional Services

General services performed for client-athletes (check those that apply and indicate fee charged):

Playing contract negotiations: _____ Yes _____ No Hourly fee or percentage: _____

Endorsement contract negotiations: _____ Yes _____ No Hourly fee or percentage: _____

Legal Assistance _____ Tax Consulting _____

Financial Planning _____ Money Management _____

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

What approximate 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: _____
City _____ State _____

Firm _____ Position/Date _____

Address: _____
City _____ State _____

VII) References

Name _____ Position _____

Name _____ Position _____

Name _____ Position _____

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 compliance office before the first contact with a student-athlete who has eligibility remaining in any sport and is enrolled in the University of Kentucky or before the first contact with the student-athlete's coach. 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 the University of Kentucky against me and the assessment of civil and/or criminal penalties to me.

Signature: _____ Date: _____

Return Completed Form To:

Rachel Baker, Executive Associate AD/Compliance
University of Kentucky Athletics
338 Lexington Ave.
Lexington, KY 40506
Phone: (859) 257-8604
Email:compliance@uky.edu