

**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:

Four horizontal lines for listing sports and athlete counts.

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 _____

For the services you perform for client athletes, list the names and address of individuals, firms or agencies that assist in providing these services.

Name City State

Name City State

Name City State

Name City State

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

Names of any athletes including UK athletes (or all clients, if fewer than 10) you previously or currently represent and, in team sports, the team/league to which each athlete is currently under contract and name of team representative with whom you negotiated this contract. Write "none" if you currently do not represent any athlete. If you represent athletes in more than one sport, please provide this information for at least five clients (athletes) in each sport.

Player Name Team Team Representative

Please indicate which current University of Kentucky student-athletes you plan to contact in the upcoming year:

Do you earn income from work performed in some capacity other than as a player-agent?

_____ Yes _____ No

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