



Texas A&M International University

Office of Athletic Compliance

Camps/Clinics Student-Athlete Employment

This form must be completed and approved PRIOR to the start of camp.

Name of Camp: _____

Start date: _____ End date: _____

Camp Director: _____ Contact Number: _____

Student-Athletes Employed at Camp:

Name	Sport
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Camp Director Signature

Date

Associate Director of Compliance

Date

Athletic Director Signature
Copy: Compliance, Head Coach

Date