



## APPLICATION for SPORTS AGENT REGISTRATION

I, \_\_\_\_\_

(Full Name)

\_\_\_\_\_  
(Agency Name)

\_\_\_\_\_  
(Agency Address)

\_\_\_\_\_  
(Agency City, State & Zip)

\_\_\_\_\_  
(Agency Telephone)

\_\_\_\_\_  
(Agent's Cell Number)

hereby apply for registration as an agent for Lipscomb University student-athletes.

Before signing the application, I have read the Lipscomb University Athletics policy concerning student-athletes of Lipscomb University and agents, a current copy of which has been provided to me along with this application form. I agree to be bound by and conform to this policy. I have also received and read a copy of the current state legislation concerning student-athletes and agents for the state of Tennessee. I agree to be bound by and conform to this legislation.

Further, I have reviewed the NCAA rules and regulations that accompany this form and will engage in no activity prior to a student-athlete's agreement to be represented that would jeopardize the student-athlete's eligibility. I also understand that failure to comply with the terms of the certification and the applicable Lipscomb University, state of Tennessee and NCAA legislation may result in my being banned from coming onto the institution's campus and the institution may initiate legal proceedings by Lipscomb University against me and the assessment of civil and/or criminal penalties to me as permitted in accordance with appropriate Tennessee statutes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **Agent Registration Checklist:**

- I have received, read, and understand all information included in the Athlete Agent Policy and Information.
- Completed and Signed the Application for Sports Agent Registration.
- Completed and Signed the Sports Agent Registration Questionnaire.
- Attached copies of all licenses, certifications, etc. as proof of my registration and approval to perform the professional duties indicated in the Sports Agent Registration Questionnaire.