IUPUI
Athlete-Agent Questionnaire and Registration Form

I. General

__________________________________  _____/_____/_____
Full Name      Date of Birth

____________________________________
Agency/Business Name

____________________________________
Business Address      Email Address

____________________________________
Business Address      Phone Number

City             State     Zip

II. Educational Background

__________________________    _______________     _________________
Name of High School          City and State                Graduation Year

__________________________    _______________    ___________________________
Name of College/University         City and State       Degree Awarded and Year

__________________________    _______________    ___________________________
Name of Graduate School         City and State       Degree Awarded and Year

Bar Admission (if applicable): _______________      _______________
(State)                  (Date)

III. Previous Employment (Last two places of employment, most recent first)

____________________________________
Agency/Business Name

____________________________________
Business Address      Email Address

____________________________________
Business Address      Phone Number

City             State     Zip
Agency/Business Name

____________________________________  ________________________
Business Address      Email Address

____________________________________  ________________________
Business Address      Phone Number

____________________________________
City                     State    Zip

**IV. Certification & Registration**

Registration Date with Indiana Attorney General: _____/_____/_____
Registration Number: ______________________________________________
Membership in Professional Organizations: __________________________________

____________________________________

Occupational or Professional Licenses: ____________________________________

____________________________________

Certification by Professional Players Associations:

- NFLPA:  Yes  or  No  Permanent  Provisional
- NBPA:     Yes  or  No  Permanent  Provisional
- MLBPA:  Yes  or  No  Permanent  Provisional

Are you certified by any other league?
League  _______________  Permanent or Provisional
League  _______________  Permanent or Provisional

Have you ever been disciplined by any regulatory organization? If yes, explain ________

____________________________________

Who negotiates the contract? ____________________________________________
V. Experience

Number of years representing athletes: _____

Please list any other relevant work experience.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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

________________________________________  ______        __________________________  _______

________________________________________  ______        __________________________  _______

________________________________________  ______        __________________________  _______

________________________________________  ______        __________________________  _______

VI. Professional Services

General services performed for client-athletes (circle those applicable and indicate fee charged):

Playing contract negotiations       Yes    or    No

Fee Structure (provide details): Hourly, percentage, or flat fee ____________________
______________________________________________________________________

Endorsement contract negotiations   Yes   or    No

Fee Structure (provide details): Hourly, percentage, or flat fee ___________________
_____________________________________________________________________

Other Services:  
Legal Assistance:     Yes   or   No  
Tax Consulting:        Yes  or   No  
Money Management:     Yes   or   No  
Financial Planning:   Yes  or   No

Other Services: _________________________________________________________

What are your special areas of expertise? _____________________________________
______________________________________________________________________
Do you offer separate contracts for each service?  Yes or No

For the above services performed for the client-athlete, list the names and addresses of other persons, businesses, firms, or agencies that will assist you in providing the services:

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How and when will you be paid? _____________________________________________
________________________________________________________________________

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

What is the duration of the agreement? ________________________________________
________________________________________________________________________

What if a client terminates the agreement? _____________________________________
________________________________________________________________________

What happens when a client is waived from a team? _____________________________
________________________________________________________________________

Do you limit your number of new clients? ___________________________________
________________________________________________________________________

Please provide the names of any athletes, including IUPUI athletes, that you previously represented or currently represent and in team sports, the team and/or league to which each athlete is currently under contract, and the name of the team representative with whom you negotiated the contract. If you have fewer than 10 clients, please list all of them. Please use additional sheets if necessary:
Please provide the name(s) of the current IUPUI student-athlete(s) you plan to contact during the 2015-16 academic year:

________________________________________________________________________

________________________________________________________________________

Do you earn income from work performed outside the role of athlete agent? Yes or No

If yes, please provide other occupations or services for which you are paid: ___________

________________________________________________________________________

Average number of hours/week you devote to work as an athlete agent _______________

VII. References

A. Please provide at least two active athletes that you currently represent and have represented for a minimum of five years:

Name ___________________________      Phone Number ____________________
Address___________________________      City __________________  State _____

Name ___________________________      Phone Number ____________________
Address___________________________      City __________________  State _____

B. Please provide names of any active athletes that you formerly represented:

Name ___________________________      Phone Number ____________________

Address______________________________      City __________________  State _____

Dates of Representation__________ to ____________

Name _______________________________      Phone Number ____________________

Address______________________________      City __________________  State _____

Dates of Representation__________ to ____________

C. Other References (Use additional sheets if necessary)

Name _______________________________      Phone Number ____________________

Address______________________________      City __________________  State _____

VIII. Verification

I certify that the above information is true, correct, accurate, and complete to the best of my knowledge. I further certify that I will contact the Director of Athletics before the first contact with an IUPUI student-athlete with eligibility remaining in any sport and enrolled at IUPUI. Furthermore, I have reviewed the NCAA rules and regulations that accompany this form and have not engaged in any activity prior to the student-athlete’s agreement to be represented that would jeopardize his or her eligibility. I understand that failure to comply with the terms of this certification and applicable NCAA legislation may result in the initiation of legal proceedings by IUPUI against me and the assessment of civil and/or criminal penalties to me.

Signature: ___________________________      Date: __________________

Return completed form to:  Karen Metzger
IUPUI Athletics
Associate Athletic Director for Compliance
1000 Waterway Blvd.
Indianapolis, IN 46202
(317)-278-4110 (O)
(317)-274-0505 (F)
metzgerk@iupui.edu