

**MACMURRAY COLLEGE
DEPARTMENT OF INTERCOLLEGIATE ATHLETICS
OFFICIAL VISITATION FORM**

Prospect's Name: _____

Sport: _____

Parent(s)/Legal Guardian Name: _____

Date of Arrival: _____

Transportation Description: _____

Date of Departure: _____

Accompanied by: _____

Lodging: Hotel Dorm Other

Method of Travel:

_____ Institutional Travel _____ Personal Vehicle _____ Commercial Bus _____ Commercial Air _____ Other

Mileage Reimbursement: \$ _____ X _____ Miles = \$ _____ Provided to: _____

Total cost of travel (To be filled out by office personnel): _____

Accompanied by Other(s) (Including Department of Athletics Staff)? _____ Yes _____ No

If yes, name(s):

Relationship:

Complimentary Admission(s)
Event:

Complimentary Admission(s) (Maximum of 3 per event)
Person Attending:

Notice to Prospective Student-Athlete: By signing and dating this form, you attest to the best of your knowledge that the information listed on the front and back of this form is accurate as it relates to your Official Visit to:

Institution

Prospective Student-Athlete's Signature

Date

**MACMURRAY COLLEGE
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OFFICIAL VISITATION FORM**

Day One			
Meals	Location		
Breakfast			
Lunch			
Dinner			

Lodging (Please check all that apply): Local Hotel Student Dormitory Other

Cost of Lodging (To be filled out by Department of Athletics Staff Member): \$ _____

Activities and Meetings: _____

Day Two			
Meals	Location		
Breakfast			
Lunch			
Dinner			

Lodging (Please check all that apply): Local Hotel Student Dormitory Other

Cost of Lodging (To be filled out by Department of Athletics Staff Member): \$ _____

Activities and Meetings: _____

Day Three			
Meals	Location		
Breakfast			
Lunch			
Dinner			

Lodging (Please check all that apply): Local Hotel Student Dormitory Other

Cost of Lodging (To be filled out by Department of Athletics Staff Member): \$ _____

Activities and Meetings: _____

**MACMURRAY COLLEGE
DEPARTMENT OF INTERCOLLEGIATE ATHLETICS
OFFICIAL VISITATION FORM**

Student Host Receipt and Instructions:

Your role as a student host is very important in the recruiting process for our athletic teams. You have the responsibility to understand and abide by NCAA and institutional regulations. Please carefully review the following rules:

1. Only one student-athlete per day from our institution can serve as an official host for each prospect. Other students may assist with hosting the prospect but shall pay for their own entertainment and meals.
2. A maximum of \$20 for each day of the visit may be provided to cover all actual costs of entertaining yourself, the prospect (and the prospect's parents, legal guardians or spouse), excluding the cost of meals and admission to campus athletic events. These funds may not be used for the purchase of souvenirs such as T-shirts or other institutional mementos. It is permissible for you to receive an additional \$10 per day for each additional prospect you entertain.
3. No cash may be given to the visiting prospect or to anyone accompanying the prospect.
4. You may not use vehicles provided or arranged for by any coach, institutional staff member or booster of the College. Never allow the prospect to use or drive your car.
5. You may not transport the prospect or anyone accompanying the prospect more than 30 miles from the campus.
6. You should not allow recruiting conversations to occur on or off campus between the prospect and a booster of the athletics program. (If an unplanned meeting occurs, only an exchange of greetings is permissible).
7. You may receive a complimentary admission when accompanying a prospect to a campus athletic event.

Student Host's Signature

Date

**MACMURRAY COLLEGE
DEPARTMENT OF INTERCOLLEGIATE ATHLETICS
SPORTS CAMP/CLINIC DECLARATION**

Sport conducting camp/clinic: _____

Starting date of camp/clinic: _____

Camp Director: _____

Closing date of camp/clinic: _____

Institutional: _____

Non-institutional: _____

For the following groups, list the name, institution and amount of compensation each individual will receive from the sports camp/clinic.

Athletic Department Staff (include the camp/clinic director in this listing):

Name/Title	Compensation
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Institutional volunteer coaches may work camps and receive compensation commensurate with other camp workers.*

Staff members from high schools, preparatory schools or junior colleges:

Name/Title	Compensation	HS/JC Institution
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*HS and JC coaches must only receive compensation commensurate with the going rate for camp counselors of like teaching ability and cannot be paid on the basis of the value the coach may have for the institutional camp because of the coaches' reputation or contact with prospects. A HS/JC coach cannot be compensated based on the number of campers he/she sends to camp (13.13.2.2.1)

**MACMURRAY COLLEGE
DEPARTMENT OF INTERCOLLEGIATE ATHLETICS
SPORTS CAMP/CLINIC DECLARATION**

Host institution's participating student-athletes:

Name	Compensation	Sport(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

See NCAA Bylaw 13.13.2 for legislation applicable to student-athletes' camp employment. Prospects may not work on a volunteer or paid basis at an institutional camp. (13.13.1.4)

Other individuals (e.g., guest lecturers, officials, auxiliary personnel, student-athletes from other institutions):

Name	Compensation	Institution
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List all campers projected to receive special or reduced admission privileges to this camp/clinic:

Name	Age
_____	_____
_____	_____
_____	_____
_____	_____

**MACMURRAY COLLEGE
DEPARTMENT OF INTERCOLLEGIATE ATHLETICS
SPORTS CAMP/CLINIC DECLARATION**

List awards given to campers and the criteria for determining award recipients (e.g., "Camper of the Week", "Coaches Vote"). Note that prospects may receive awards only if the cost of the award is included in camp admission fees.

Award	Criteria
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

- Please attach a camp brochure with information on the price of camp/clinic attendance, and
- Provide to your institution's compliance administrator a list of all campers who registered for and/or participated in the camp/clinic after its completion.

I certify that the above information is correct and that this sports camp/clinic will be conducted in accordance with NCAA, and institutional regulations.

Camp/Clinic Director's Signature

Date

If this form is completed by someone other than the camp/clinic director, please sign below.

Signature

Title

Date

**MACMURRAY COLLEGE
DEPARTMENT OF INTERCOLLEGIATE ATHLETICS
HISTORICAL QUESTIONNAIRE**

Academic Year: _____ Institution: _____ Sport: _____

Name: _____ Social Security #: _____ Birth Date: _____

Local Address: _____ Local Phone: _____

E-Mail Address: _____

If you will live off-campus during this academic year, check the individual with whom you will live:
 Parents Spouse Friend Alone

For student-athletes attending this institution for the first time:

Permanent home address (Please include city, state, zip): _____

Home phone number (Please include area code): _____

1. High School (Name): _____ Graduation Date (Mo/Yr): _____

2. Date of first attendance at any two or four year collegiate institution as a full-time student:

Institution: _____ Term: _____ Year: _____

3. Date of first attendance at this institution: _____ Term: _____ Year: _____

4. Have you earned a degree from any college or university? Yes No

If yes, Institution: _____ Date of Degree: _____

List any two or four year collegiate institutions in which you have registered, enrolled, or attended any classes (excluding summer session courses) or attended preseason practice. For each year, indicate whether you competed (C) and/or practiced (PR) for any collegiate team. Include your attendance and participation at this institution.

Academic Year	Institution	Dates Attended	Sport	C (Y/N)	PR (Y/N)

Total Numbers of Seasons Competed (Division I & II)/Participated (Division III): _____

5. Have you ever taken part in any athletic competition for which you were provided compensation (e.g., cash, comparable prize, merchandise or money for expenses on the basis of place/finish in the competition)? If so, list date, amount, sport, etc.

**MACMURRAY COLLEGE
DEPARTMENT OF INTERCOLLEGIATE ATHLETICS
HISTORICAL QUESTIONNAIRE**

6. Have you ever lent your name to any form of commercial advertising (e.g., newspaper, magazine, charities, radio or television appearance, billboards or personal appearances)? If o, state name of business, date and sport:

7. Have you ever signed a professional contract, a contract with a professional agent, or been represented by a professional sports agent in your sport? If so, state name of agent, date, sport, etc.

8. Have you competed for any athletic team (e.g., club teams, non intramural teams, city-league teams), other than the College's, during any academic year? If so, state sport, name of team, date, etc.

I certify, upon penalty of ineligibility for intercollegiate athletics, that the above statements are complete and accurate, to the best of my knowledge. I also understand my responsibility to comply with all NCAA and institutional requirements.

Student-Athlete's Signature

Date

To the best of my knowledge, the foregoing is a complete and accurate statement.

Coach' Signature

Date

Compliance Administrator's Signature

Date

Institutional Representative's Signature

Date

**MACMURRAY COLLEGE
DEPARTMENT OF INTERCOLLEGIATE ATHLETICS
QUESTIONNAIRE FOR ITEMS CONTAINING THE NAME,
PICTURE OR IMAGE OF A CURRENT STUDENT-ATHLETE**

Individual/Organization Making Request for Item: _____

<p>1. Will this item be utilized for any promotional or fund-raising purposes? If yes, please describe or attach letter: _____ _____</p> <p>If yes, institutional, charitable, educational and non profit organizations are the only entities that may utilize the name, picture or image of a student-athlete to raise funds. Each individual must have the approval of the athletics director and y involved student-athletes. Continue to question 2. If no, sign at the bottom of the back side. Item may be purchased under normal institutional procedures. Do not need to complete the remaining questions.</p>	<p style="text-align: center;">Yes No</p>
<p>2. Does the item contain the name or picture of a student-athlete? If yes, you must have the athletic director’s and the student-athlete(s) approval for the use of their names or pictures for such an activity by having them sign a “promotional activities release form” available in the athletic director’s office. Continue to question 3. If no, you do not need to complete a “promotional activities release form.” Remember that items containing the name or picture of a student-athlete may only be utilized in the promotional activities of institutional, charitable, educational or nonprofit organizations. Continue to question 3.</p>	<p style="text-align: center;">Yes No</p>
<p>3. Will the funds being raised be used by/for any prospect-aged individual(s) (i.e., 9-12 grade or junior college or four-year College other than your institution)? If yes, continue to question 4. If no, continue to question 9.</p>	<p style="text-align: center;">Yes No</p>
<p>4. Will the funds be utilized by a group consisting of prospective student-athletes or an individual prospective student-athlete? If individual, item may not be provided. Please sign at the bottom of the form. If group, continue to question 5.</p>	<p style="text-align: center;">Individual Group</p>
<p>5. Is this group a high school/junior college group or an outside organization such as boy scouts, YMCA, YWCA, Boys and girls club? If individual, item may not be provided. Please sign at the bottom of the form. If group, continue to question 5.</p>	<p style="text-align: center;">HS/JC Outside Organization</p>
<p>6. Does the assistance have an athletically-related nexus (see questions 7 and 8)? If yes, item may not be provided. Please sign at the bottom of back side. If no, continue to question 9.</p>	<p style="text-align: center;">Yes No</p>
<p>7. Is the item being provided by the institution’s athletics department, athletics department staff member or booster organization?</p>	<p style="text-align: center;">Yes No</p>
<p>8. Is the financial assistance, resulting from the donated item, being provided to assist an athletics program(s) or an athletics team(s) consisting of prospective student-athletes? If yes, donations may not be given because of the athletics nexus. Answer “Yes” to question 6. If no, and you answered “No” to question 7 (or a yes on question 7) continue to question 9.</p>	<p style="text-align: center;">Yes No</p>
<p>9. Will the funds being raised be used for specific individual(s) no of prospective student-athlete age? If yes, donations may not be provided. Please sign at the bottom of the form. If no, continue to question 10.</p>	<p style="text-align: center;">Yes No</p>
<p>10. Will the funds be utilized to benefit a high school or two-year college coach? If yes, donations may not be provided. Please sign at the bottom of the form.</p>	<p style="text-align: center;">Yes No</p>

To the best of my knowledge, I, _____, have answered the above questions honestly and truthfully and understand that any incorrect or misleading information may impact the eligibility of the student-athlete.

Signature: _____

Title: _____

Date: _____

**MACMURRAY COLLEGE
DEPARTMENT OF INTERCOLLEGIATE ATHLETICS
INTERPRETATION REQUEST**

Date: _____

Question and Facts:

Requested by: _____

INTERPRETATION RESPONSE

Date: _____

Response:

Bylaw(s): _____

Interpretation from: _____ Institutional Compliance

 _____ Conference Compliance

 _____ NCAA

**MACMURRAY COLLEGE
DEPARTMENT OF INTERCOLLEGIATE ATHLETICS
FOUR-YEAR COLLEGE TRANSFER
INFORMATION REQUEST FORM**

Institution's Name _____ has been contacted by a student-athlete at your institution regarding the possibility of a transfer. In accordance with NCAA regulations, we are requesting the following information regarding:

Student-Athlete's Name: _____ **Sport:** _____

Has the student ever transferred from another 4-year institution? _____ Yes _____ No

Number of seasons of eligibility used b this student while attending your institution:

Year: _____ Sport: _____

Year: _____ Sport: _____

Year: _____ Sport: _____

Year: _____ Sport: _____

Is this student in good academic standing at your institution? _____ Yes _____ No

Would the student have been academically eligible to compete had he/she remained at your institution? _____ Yes _____ No

If not, why: _____

Dates the student attended your institution as a full-time student: _____

Number of semesters or quarters the student was full-time: _____

Was the student placed on disciplinary suspension? _____ Yes _____ No

Signature of Person completing Form

Title

Date

Please return to:

Kevin Haslam
Director of Athletics
MacMurray College
447 College Avenue
Jacksonville, IL 62650
Fax – 217-479-7147

**MACMURRAY COLLEGE
DEPARTMENT OF INTERCOLLEGIATE ATHLETICS
PLAYING AND PRACTICE SEASON DECLARATION**

Sport: _____

17.1.2 Segments of Playing Season

Traditional Segment: The portion of the playing season that concludes with the NCAA Championship.

Nontraditional Segment: The remaining portion of the playing season.

Fall Sports.

Length of the playing season shall not exceed 18 weeks:

Preseason Practice Start date: _____

First Date of Competition: _____

Traditional Segment From: _____ To: _____ Weeks Used: _____

Nontraditional Segment From: _____ To: _____ Weeks Used: _____

Winter Sports.

Length of the playing season shall not exceed 19 weeks:

First Date of Competition: _____

Traditional Segment From: _____ To: _____ Weeks Used: _____

Nontraditional Segment From: _____ To: _____ Weeks Used: _____

Spring Sports.

Length of the playing season shall not exceed 19 weeks:

First Date of Competition: _____

Traditional Segment From: _____ To: _____ Weeks Used: _____

Nontraditional Segment From: _____ To: _____ Weeks Used: _____

Football.

Five-day Acclimatization Start Date: _____

Preseason Practice Start Date: _____

First Date of Competition: _____

Strength and Conditioning Period: _____

**MACMURRAY COLLEGE
DEPARTMENT OF INTERCOLLEGIATE ATHLETICS
PLAYING AND PRACTICE SEASON DECLARATION**

MINIMUM/MAXIMUM NUMBER OF CONTESTS/DATES OF COMPETITION

1. The minimum number of contests or dates of competition per NCAA Bylaw 20.11.3.3 is _____.
2. The maximum number of contests or dates of competition per NCAA Bylaw 17 (Figure 17-1) is _____.
3. The number of contests or dates of competition for the _____ academic year is _____.

By signing and dating this form, you attest that to the best of your knowledge, the above information is accurate and if any changes are made, the compliance administrator shall be notified immediately.

Signature of Head coach

Date

Signature of Director of Athletics

Date

Signature of Compliance Administrator

Date

**MACMURRAY COLLEGE
DEPARTMENT OF INTERCOLLEGIATE ATHLETICS
PROCEDURES FOR RULES VIOLATIONS AND INVESTIGATIONS**

1. Appropriate institutional official should be notified of the violation.

Designated Institutional Official(s) to be notified:

Name: Kevin Haslam, Director of Athletics

Name: Karl Luth, Faculty Athletics Representative

2. Institution Investigation

The Designated Institutional Official contacted will determine if the violation is a Level I or II secondary violation. If the violation is considered a Level II violation, the institution will impose the punitive and disciplinary actions, as well as the corrective measures considered appropriate by the institution. Level II violations are considered either de minimis (do not affect eligibility) or restitution (eligibility reinstated upon repayment of the value of the impermissible benefit to a charity, but need not go through the formal reinstatement process) or all inadvertent, isolated violations of the operating bylaws not listed as Level I. The institution and conference may take additional actions should they choose to do so. If the violation is Level I, the case will be processed through the NCAA Enforcement Services as violations occur and are discovered. If the violation is not secondary and classified as major, the case will be processed through NCAA Enforcement Services.

3. Send full report of the Level I or major violation to the Conference and NCAA Enforcement Services.

The Designated Institutional Official(s) will notify and distribute report to:

- Director of Athletics
- Senior Woman Administrator
- Faculty Athletics Representative
- MacMurray College President
- Conference Commissioner

Full report will include:

- Statement of Bylaw violated
- Date of violation and individuals involved
- Details of violation and reason occurred
- Preventive and punitive actions

4. NCAA response to the violation.

After receiving the NCAA response, the Designated Institutional Official will discuss the actions taken with the involved personnel and monitor any corrective actions which are necessary.