CAMP AND CLINIC APPROVAL FORM

You **DO NOT** need to submit this form for **Cornell Summer Camps**. Approval for these camps is done via the brochure approval process. You **DO** need to submit this form prior to your participation in academic year institutional camps/clinics or <u>any</u> outside (private or other institution, academic year or summer) camps.

Coach Name:				
Date of Camp/Clinic:				
Time of Camp/Clinic:				
Location:				
(bylaw 13.12.1.2).Free or reduced admission cannot be	the following any and all ended given to All presentation (ling a dead pe	ntrants limited by NY PSA attendir 13.12.2.3.5) or re riod (bylaw 13.1	y number, age, grade level, or gendering the camp/clinic (bylaw 13.12.1.5.1 ecruit any PSA during the camp (byla 2.1.3).	r ONLY
Please describe how the camp/clinic is being attach other pages as necessary:	ng advertised	. Please attach	any brochure, provide website, and	d/or
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3			T 1	
Name:	ease list all	 camp/clinic sta	ff- institutional and college /high	
Staff Name	Coach? (Y/N)	Stud-Athl? (Y/N)	If a coach, where?	Pay Rate
	77			
16				
*Please note: Required participation by a traditional) must be counted toward daily to count unless the S-A demonstrates at CARA limitations. Out of season, any p	y/weekly CA the camp. T	ARA limitation Then, his/her pa	s. Voluntary participation in-seast rticipation must be counted toward	son does not need
Coach's Signature	Date	Con	npliance Signature	Date