

SETON HALL UNIVERSITY

PLAYER-AGENT INITIAL REGISTRATION FORM

The completion of this form is required for registration in the Seton Hall University Player-Agent Program.

NOTE: This form must be completed in its entirety.

I) General (Please print or type)

Name: _____ Date of Birth: _____

S.S. #: _____ Phone: (____) _____

Home Address: _____ Email Address: _____

City

State

Zip

If affiliated with a particular firm or agency as a player-agent, please indicate:

Name of Firm/Agency: _____

Business Address: _____

_____ (____) _____

City

State

Zip

Business Phone

_____ (____) _____

E-Mail Address

Fax Number

II) Education

High School _____

Name: _____

City

State

Month/Year Graduated: _____

College (undergraduate)

School Name: _____

City

State

Degree(s) and Year Graduated: _____

Graduate/Legal

College or University: _____

City

State

Admitted to Bar (if applicable)

Yes _____ No _____

State

Date

III) Experience

Number of years experience as a player-agent: _____

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

_____	_____
_____	_____
_____	_____
_____	_____

IV) Other Qualifications

Current membership in professional organizations: _____

Occupational or professional licenses (e.g., certified public accountant, chartered life underwriter) and date obtained: _____

Are you currently certified by the NBPA? _____ Permanent Provisional
Yes No (circle one)

Are you currently certified by the MLBPA? _____ Permanent Provisional
Yes No (circle one)

V) Professional Services

General services performed for client-athletes (check those that apply and indicate fee charged):

Playing

Contract Negotiations: _____ Hourly fee or percentage: _____
Yes No

Endorsement

Contract Negotiations: _____ Hourly fee or percentage: _____
Yes No

Legal Assistance _____ Tax Consulting _____

Financial Planning _____ Money Management _____

For services you perform for client athletes, list the names and addresses of individuals, firms or agencies that assist in providing these services. Use additional sheets if necessary:

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

Names of any athletes including SHU athletes (or all clients, if fewer than 10) you previously or currently represent and, in team sports, the team/league to which each athlete is currently under contract and name of team representative with whom you negotiated this contract. Write “none” if you currently do not represent and athlete. If you represent athletes in more than one sport, please provide this information for at least five clients (athletes) in each sport. Use additional sheets if necessary:

Player Name	Team	Client's Phone	Team Representative
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Please indicate which current Seton Hall University student-athlete(s) you plan to contact this academic year (You must indicate specific student-athletes).

Do you earn income from work performed in some capacity other than as a player-agent?

☐ Yes

☐ No

If yes, describe other occupation(s) or service(s) for which you are paid:

What approximate percentage of your total work is consumed as a player-agent? _____

VI) Previous Employment (last two positions and dates of employment)

Firm: _____ Position/Date: _____

Address: _____

City State

Firm: _____ Position/Date: _____

Address: _____

City State

VII) References

Name: _____ Position: _____

Address: _____

City State

Name: _____ Position: _____

Address: _____

City State

Name: _____ Position: _____

Address: _____

City State

I certify that the above information is true, correct and complete to the best of my knowledge/
Further, I certify that I will notify the Athletic Director and Head Coach before first contact with a
student-athlete who has eligibility in any sport and is enrolled un Seton Hall University or before
the first student-athlete's agreement to be represented that would otherwise jeopardize the
student-athlete's eligibility. I also understand that failure to comply with the terms of this
certification and the applicable NCAA legislation may result in the initiation of legal proceedings
by Seton Hall University against me and the assessment of civil and/or criminal penalties to ne,

Signature: _____ Date: _____