



VILLANOVA UNIVERSITY COMPLIANCE AGENT & ADVISOR INITIAL REGISTRATION FORM

The completion of this form is required for initial registration in the Villanova University Player-Agent Program. Agents and/or advisors who have already registered with Villanova must still submit an updated Registration Renewal Form on an annual basis in order to remain active in the Villanova Player-Agent Program.

1. Registration Status (check all that apply)

 Athletic Agent

 Financial Planner

 NIL Representative

2. General Information (agencies with multiple applicants must fill out a form for each person applying)

Applicant's Name _____

Date of Birth _____

Name of Firm/Agency (if affiliated) _____

Firm/Agency Website _____

Business Phone _____

Cell Phone _____

Fax Number _____

Email Address _____

Business Street Address _____

City _____

State _____

Zip Code _____

3. Pennsylvania Athletic Agent Registration (a copy of your Pennsylvania agent registration must be submitted with this form)

What is your state registration status? _____

Please list all current and pending registration information for other states in the space provided below:

State: _____ Status: _____ Effective Date: _____ Expiration Date: _____

State: _____ Status: _____ Effective Date: _____ Expiration Date: _____

State: _____ Status: _____ Effective Date: _____ Expiration Date: _____

State: _____ Status: _____ Effective Date: _____ Expiration Date: _____

State: _____ Status: _____ Effective Date: _____ Expiration Date: _____

Have you ever been disciplined/cited for a violation of a statute regulating athlete agents in any state? Yes No

If "yes", please provide the following information

Nature of the complaint or charge _____

Date of the alleged violation _____

Result or status of the investigation (including action taken and the authority imposing the action)

4. Players' Association Registrations/Certifications (check all that apply and enter effective and expiration dates)

- Major League Baseball Players' Association (MLBPA) Effective Date: _____ Expiration Date: _____
- National Basketball Players' Association (NBPA) Effective Date: _____ Expiration Date: _____
- National Football League Players' Association (NFLPA) Effective Date: _____ Expiration Date: _____
- Other: _____ Effective Date: _____ Expiration Date: _____
- Other: _____ Effective Date: _____ Expiration Date: _____

Have you ever been disciplined/cited for a violation of a players' association regulation governing athlete agents? Yes No

If yes, please provide the following information:

Nature of the complaint or charge	Date of the alleged violation
Result or state of the investigation (including action taken and the authority imposing the action)	

Do you have any business associates (e.g. runners, marketing associates, etc.) working with your company? Yes No

If yes, please identify those associates in the space provided below

Name: _____ Services Provided: _____

Name: _____ Services Provided: _____

Name: _____ Services Provided: _____

5. Business Services Offered (check all services that you or your company offer)

- Contract Negotiation Estate Planning Financial Planning Tax Planning Insurance Planning
- Investment Counseling Grievance-Arbitration Insurance Coverage Appearances/Endorsements

Do you offer separate contracts for each service? Yes No

Do you manage your clients' funds? Yes No

If yes, please explain: _____

Are you bonded? Yes No

If yes, please provide the following information:

Bond Amount: _____ Company Name: _____

Bond Company Address: _____

Business Services Offered (Continued)

Are you currently registered under the Investment Advisor's Act? Yes No

Do you refer players to others for services (e.g. financial planning, disability insurance, etc.?) Yes No

If yes, please provide the following information:

Firm Name: _____ Phone Number: _____ Service: _____

Firm Name: _____ Phone Number: _____ Service: _____

Do you receive a fee for referrals? Yes No

If yes, please explain the basis for such fees: _____

Do you have an ownership interest; wholly or partially finance; or directly or indirectly exercise control of any firm or organization that provides services for players upon your referral? Yes No

If yes, please provide the following information:

Firm Name: _____ Phone Number: _____ Service: _____

Explain your fee structure, including expenses billed to your clients above and beyond your standard percentage:

6. Compliance Background

Have you ever been involved in or investigated for allegedly participating in actions that violated NCAA, Conference, university, college, players' association, league, team or federal rules? Yes No

Have you ever been convicted or plead guilty to a criminal charge other than a minor traffic violation? Yes No

Have you been a defendant in civil proceedings including bankruptcy, allegations of fraud, misrepresentation, embezzlement, misappropriation of funds, breach of fiduciary duty, forgery or legal malpractice? Yes No

Have you been adjudicated insane or legally incompetent by any court? Yes No

Have you been suspended or expelled from any college, university, law school or graduate school? Yes No

Have you had unsatisfied judgments or continuing effect against you other than alimony or child support? Yes No

Have you had any surety or bond against you in which someone has been required to pay money on your behalf? Yes No

Have you been declared bankrupt or been an owner or part-owner of a business which was declared bankrupt? Yes No

7. Professional Background

Please list any memberships you have in business or professional organizations that directly relate to your occupation or profession:

If you have ever been disciplined by a professional organization, please provide the action taken, dates and the involved authority:

8. Employment History

Current Employer

Current Job Title/Position

Date of Initial Employment

Current Supervisor Name

Supervisor Phone Number

Past Employer

Job Title/Position

Dates of Employment

Supervisor Name

Supervisor Phone Number

Past Employer

Job Title/Position

Dates of Employment

Supervisor Name

Supervisor Phone Number

9. Education History

School

City/State

Degree

Major(s)

Date Received

School

City/State

Degree

Major(s)

Date Received

School

City/State

Degree

Major(s)

Date Received

Admitted to Bar (If applicable): Yes No

State

Date

10. Past and Current Client List (Please indicate any athletes, including Villanova grads, who you have represented or currently represent)

Athlete

Sport/Team

Team Representative

Athlete

Sport/Team

Team Representative

Athlete

Sport/Team

Team Representative

Athlete

Sport/Team

Team Representative

11. Student-Athlete Interests (Please indicate to which current Villanova student-athletes you are interested in speaking)

Student-Athlete Name

Student-Athlete Name

Student-Athlete Name

Student-Athlete Name

Student-Athlete Name

Student-Athlete Name

Student-Athlete Name

Student-Athlete Name

12. Certification

By signing below, I certify that the information contained herein is true and correct to the best of my knowledge. I agree to notify the Compliance Office before my first contact with any student-athlete who has eligibility remaining in any sport and is enrolled at Villanova University, or before my first contact with any student-athlete's family. I will not engage in any activity prior to a student-athlete's agreement to be represented that would otherwise jeopardize the student-athlete's eligibility.

I agree to abide by all NCAA rules and Villanova University regulations, and I 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 Villanova against me and the assessment of civil and/or criminal penalties.

Applicant Signature

Date

Please return to:
Katie LeGrand
 Associate Athletics Director for Compliance
 Villanova University Athletics
 Compliance Office
 The Jake Nevin Field House
 Villanova, PA 19085
 katherine.legrand@villanova.edu