

**DIAA Coaching Out-of-Season and Summer Athletic Activities and Contact Form  
for Nonschool Camps, Clinics, Activities, Programs, and Teams**

**Section A** (to be completed by the coach)

Coach's Name:	
Coach's Mailing Address:	
Coach's Phone Number:	
Coach's Email Address:	
Coach's DIAA Member School:	
Interscholastic Sports Coached at the Coach's DIAA Member School:	

**Section B** (to be completed by the coach)

Name of the camp, clinic, activity, program, or team:	
Location of the camp, clinic, activity, program, or team:	
Dates coach will be providing instruction at the camp, clinic, activity, program, or team:	

**\*\* Attach registration information or a brochure for the camp, clinic, activity, program, or team to this form. \*\***

**Section C** (to be completed by the coach)

1. Will you be providing instruction to student athletes who are returning members of your school team at the nonschool camp, clinic, activity, program, or team listed in Section B?

Please check one answer below:

Yes.

No.

*If you selected "Yes," attach a list with the names of the returning student athletes to this form and go to Question #2.*

*If you selected "No," go to Section D.*

2. If you will be providing instruction to student athletes who are returning members of your school team, DIAA has certain requirements that you must meet.

Please check the statements that apply:

- I obtained approval from the Member School at which I coach to have instructional contact with student athletes who are returning members of my school team at the nonschool camp, clinic, activity, program, or team listed in Section B.
- I am not using the name of the Member School at which I coach at the nonschool camp, clinic, activity, program, or team listed in Section B.
- I did not directly or indirectly require a student athlete to participate in the nonschool camp, clinic, activity, program, or team listed in Section B.
- The nonschool camp, clinic, activity, program, or team listed in Section B is open and equally available to all student athletes.
- My instructional contact with returning student athletes at the nonschool camp, clinic, activity, program, or team will be limited as required by Regulation 1040. For camps and clinics, review subsections 8.3.2.5 through 8.3.2.9. For nonschool activities, programs, and teams, review subsections 9.3.2.5 through 9.3.2.9.
- The nonschool camp, clinic, activity, program, or team listed in Section B is sponsored by a nonschool organization that is affiliated and in good standing with an overseeing national organization for a minimum of one year.
- The nonschool camp, clinic, activity, program, or team listed in Section B was advertised in print and online for at least two weeks prior to the start date.
- The nonschool organization conducting the camp, clinic, activity, program, or team listed in Section B is insured.

*If you checked all of the boxes above, go to Question #3.*

*If you did not check all of the boxes above, DIAA's requirements have not been met and you could be found in violation of DIAA regulations if you provide instruction to student athletes who are returning members of your school team. Please contact the DIAA Office for more information.*

3. Will you receive compensation for providing instruction to student athletes who are returning members of your school team at the nonschool camp, clinic, activity, program, or team listed in Section B?

- Yes, I will receive compensation.
- No, I am volunteering and will not receive compensation for providing instruction to student athletes who are returning members of my school team.

*If you selected "Yes," please go to Question #4.*

*If you selected "No," go to Section D.*

4. Will you be compensated by the DIAA member school (including school organizations and school-related groups) at which you are employed, a student athlete, or a student athlete's family for providing instruction to student athletes who are returning members of your school team at the nonschool camp, clinic, activity, program, or team listed in Section B?

Yes.

No.

*If you selected "Yes," DIAA's requirements have not been met and you could be found in violation of DIAA regulations if you provide instruction to student athletes who are returning members of your school team. Please contact the DIAA Office for more information.*

*If you selected "No," please go to Question #5.*

5. Will the source of your compensation for providing instruction to student athletes who are returning members of your school team at the nonschool camp, clinic, activity, program, or team listed in Section B be anonymous and equal for each DIAA member school? Anonymous means that the source from which you will be paid is unknown to you and participants.

Yes.

No.

*If you selected "Yes," please go to Section D. After you complete Section D, give the form to the nonschool camp, clinic, program, or competition listed in Section B to complete Section E.*

*If you selected "No," DIAA's requirements have not been met and you could be found in violation of DIAA regulations if you provide instruction to student athletes who are returning members of your school team. Please contact the DIAA Office for more information.*

**Section D** (to be completed by the coach)

I, \_\_\_\_\_, declare under penalty of perjury under the law of Delaware that the foregoing is true and correct.

Executed on the \_\_\_\_\_ day of \_\_\_\_\_ (month) \_\_\_\_\_ (year).

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Signature)

**Failure to provide true or correct information on this form may result in action for violations of Delaware law, including, but not limited to, 29 Del. C. §§ 5805 & 5806.**

**Section E** (to be completed by nonschool organization only if coach will receive compensation for providing instruction to student athletes who are returning members of the coach's school team at the nonschool camp, clinic, program, or competition listed in Section B)

I, \_\_\_\_\_, am an authorized representative of the nonschool organization conducting the nonschool camp, clinic, program, or competition listed in Section B. The coach listed in Section A will be compensated for providing instruction to student athletes who are returning members of the coach's school team at the nonschool camp, clinic, activity, program, or team listed in Section B. The source of such compensation will be anonymous and equal for each DIAA member school. The coach will not be compensated by the DIAA member school at which the coach is employed, a student athlete, or a student athlete's family. I declare under penalty of perjury under the law of Delaware that the foregoing is true and correct.

Executed on the \_\_\_\_\_ day of \_\_\_\_\_ (month) \_\_\_\_\_ (year).

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Mailing Address)

\_\_\_\_\_  
(Phone Number)

**Failure to provide true or correct information on this form may result in action for violations of Delaware law.**