

# **Tulsa Public Schools Athletics Department**

## **CAMPS, CLINICS, OR SUMMER LEAGUES**

### **General Rules and Regulations**

The Tulsa Public Schools and Oklahoma Secondary Schools Activities Association rules and bylaws for Camps, Clinics and Summer Leagues must always be followed. These policies are located in the Offices of the Director of Secondary Schools Athletics and Activities.

Tulsa Public Schools coaches and athletics staff may operate camps, clinics, or workshops for the teaching of athletic pursuits on District property to the end of better utilization of facilities and with suitable compensation paid to the District for use of such facilities.

The use of TPS facilities will be determined by the availability of the facilities as established by the District Athletics Department, Physical Plant and the Facilities Utilization Office. Coaches may be employed in non-institutional/private owned camps/clinics. Coaches are required to submit in writing details of employment to the Associate Director of Athletics for Compliance prior to their employment. Approval by the Director of Secondary Schools Athletics and Activities must be obtained.

#### **SPORTS CAMP AND CLINIC FUNDS**

##### **School District Accounting Control**

All sports camp or clinic funds must be deposited and expended through authorized institutional accounts and in accordance with normal institutional accounting practices and procedures. Daily deposits of all cash and checks are required. The Office of Business Affairs oversees the financial transactions of the camps and clinics. All requests for camps and clinics authorization should be addressed to the Director of Secondary Schools Athletics who will forward the request to the Associate Superintendent for Secondary Schools Office.

##### **Registration**

All registration forms (with accompanying fees) must be submitted to the Athletics Directors Office to be recorded and processed as payment of registration fees (forms available in the Athletics Directors Office). The Director of Athletics, Site Principal and the District Business Office must approve all institutional camp and clinic expenditures.

##### **Free or Reduced Fees**

No free or reduced fee admissions waivers for any camps or clinics may be granted without following the attached procedures and as they are addressed by OSSAA bylaws. The Athletics Director, Assistant Director of Athletics/Compliance and the District Business Office must pre-approve all refunds to participants.

## Camps and Clinics Administrative Forms

The appropriate reporting forms must be used and completed by the camp director and submitted to the Athletics Office (forms available in Athletics Office).

Within (14) days following the conclusion of the camp or clinic a financial report/summary must be presented to the Athletics Office which will include the following:

- a. Staff compensation
- b. Receipts for registration fees
- c. A final list of registrants, no shows, free or reduced admissions recipients and refunds (including amount and reason for refund)
- d. A listing of expenditures related to facility usage, use/purchase of equipment, facility/field preparation, and maintenance and clean up.
- e. Concession sales
- f. Housing/meal expenses
- g. Promotion/advertising expenses
- h. Inventory of items used by participants (e.g., equipment, and shirts)

All camps and clinics are subject to financial audit by the Internal Auditor and the External Auditor.

### **PROCESS FOR DEVELOPING CORPORATE SPONSORSHIP**

1. Any sports camp and/or clinic funds must be deposited and expended in accordance with normal accounting practices and procedures of the Tulsa Public Schools and with respect to OSSAA rules and regulations.
2. Receipts:
  - a. No free or reduced fee admission waivers for any camps or clinics (camp/clinic individual discounts and/or camp/clinic group discounts) may be granted without prior permission from the Assistant Director of Athletics for Compliance.
  - b. All deposits must be made intact on a daily basis. “Intact” means that all cash collected since the last deposit must be deposited and that no disbursements can be made from these un-deposited receipts.
3. All camps and clinics are subject to a financial audit by the External Auditor.
4. Any tax forms required (for example, in the instance of compensation pay) will be the responsibility of the District Business Office.

**Tulsa Public Schools**  
**CAMP/CLINIC APPLICATION INFORMATION AND FORMS**  
**Sports Camp and Clinic Funds**

**Required Information Prior to Approval**

Purpose of the camp or clinic:

Type of camp or clinic (i.e. specialized, diversified or developmental) as defined by OSSAA legislation, including the sport(s) and activities to be conducted:

Facilities and equipment to be utilized:

Facilities Use Form approved?    Yes    No

Inclusive dates of the camp or clinic:

Characteristics of campers, age, schools attended:

Any restrictions on participants (e.g., age, sex, number):

Methods of soliciting participants (e.g., advertisements, distribution of brochures, invitations):



List all Coaches working the camp or clinic:

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Method, source and amount of payment for employees (e.g., stipend, honoraria, travel expenses, District payroll):

Responsibilities of employees (e.g., instructing, supervising, officiating, lecturing):

Registration fees (including deposits, refund policies and any consideration of free and/or reduced admissions, scholarships, group rates and discounts):

Schedule of camp or clinic activities (including amount of instruction, physical tests, and competition):

Any and all awards and/or merchandise provided for campers and clinic attendees:

Concession arrangements (e.g., types of merchandise, expected revenues, concession employees):

## General Information

**The following information must be included on all sports camp or clinic applications:**

Name of Participant or School: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

School: \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Name of parent or guardian: \_\_\_\_\_

Emergency telephone number: \_\_\_\_\_

Medical release: \_\_\_\_\_

Medical Insurance Information: \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

# Camp/Clinic Request Form

(Form A)

Coach: \_\_\_\_\_ Sport: \_\_\_\_\_

Dates: \_\_\_\_\_ Facility or Location: \_\_\_\_\_

Who is responsible for the camp administration?

Description of purpose of the Camp/Clinic:

Camp financial structure: (Privately owned/incorporated, finances run through Tulsa Public Schools, etc.)

Facilities and equipment to be utilized:

Age group: \_\_\_\_\_ Projected # of Participants \_\_\_\_\_

Amount of registration fee: \$ \_\_\_\_\_

Will any discounts be available? \_\_\_\_\_ Criteria? \_\_\_\_\_

# Event Employee Information

Number of employees: \_\_\_\_\_

Type of employees (coach, counselor, lecturer):(Please attach a copy of job descriptions for each)

Describe any concession needs, if any: \_\_\_\_\_

Will any awards or mementos be given? (Describe):

## Approval:

\_\_\_\_\_  
**Director of Athletics**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Assistant Director of Athletics/Compliance**    **Date**



# Event Receipt List

(Form B)

Camp: \_\_\_\_\_

Date(s): \_\_\_\_\_

Name of Participant or School:

Type of Payment: e.g., credit card,  
cash) Amount

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.
- 16.
- 17.
- 18.
- 19.
- 20.
- 21.
- 22.
- 23.
- 24.
- 25.

**Approval:**

\_\_\_\_\_  
**Director of Athletics**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Assistant Director of Athletics/Compliance**

\_\_\_\_\_  
**Date**

# Camp/Clinic, Summer League Refund List

(Form C)

Camp: \_\_\_\_\_ Date(s): \_\_\_\_\_

1. Name \_\_\_\_\_ Refund Amount  
Reason for refund: \_\_\_\_\_
2. Name \_\_\_\_\_ Refund Amount  
Reason for refund: \_\_\_\_\_
3. Name \_\_\_\_\_ Refund Amount  
Reason for refund: \_\_\_\_\_
4. Name \_\_\_\_\_ Refund Amount  
Reason for refund: \_\_\_\_\_
5. Name \_\_\_\_\_ Refund Amount  
Reason for refund: \_\_\_\_\_
6. Name \_\_\_\_\_ Refund Amount  
Reason for refund: \_\_\_\_\_
7. Name \_\_\_\_\_ Refund Amount  
Reason for refund: \_\_\_\_\_
8. Name \_\_\_\_\_ Refund Amount  
Reason for refund: \_\_\_\_\_
9. Name \_\_\_\_\_ Refund Amount  
Reason for refund: \_\_\_\_\_
10. Name \_\_\_\_\_ Refund Amount  
Reason for refund: \_\_\_\_\_

**Approval:**

\_\_\_\_\_  
**Director of Athletics** **Date**

\_\_\_\_\_  
**Assistant Director of Athletics/Compliance** **Date**

# Camp/Clinic, Summer League Individual Discounts (Form D)

Camp: \_\_\_\_\_

Date(s): \_\_\_\_\_

- |                      |                  |
|----------------------|------------------|
| 1. Name: _____       | Discount Amount: |
| Reason for discount: |                  |
| 2. Name: _____       | Discount Amount: |
| Reason for discount: |                  |
| 3. Name: _____       | Discount Amount: |
| Reason for discount: |                  |
| 4. Name: _____       | Discount Amount: |
| Reason for discount: |                  |
| 5. Name: _____       | Discount Amount: |
| Reason for discount: |                  |

**Approval:**

\_\_\_\_\_  
**Director of Athletics** **Date**

\_\_\_\_\_  
**Assistant Director of Athletics for Compliance** **Date**

# Camp/Clinic Group Discounts

(Form E)

Camp: \_\_\_\_\_

Date(s): \_\_\_\_\_

Name of Group: \_\_\_\_\_

Basis for and Amount of Discount \_\_\_\_\_

Names of recipients: \_\_\_\_\_

**Approval:**

\_\_\_\_\_  
**Director of Athletics** **Date**

\_\_\_\_\_  
**Associate Director of Athletics for Compliance** **Date**

# Camp/Clinic/Summer League Staff & Compensation

(Form F)

Student-Athletes:

Name	SS#	Position	Compensation
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

**Approval:**

\_\_\_\_\_  
**Director of Athletics** **Date**

\_\_\_\_\_  
**Associate Director of Athletics for Compliance** **Date**

# Camp/Clinic/Summer League Staff and Compensation

(Form G)

Camp: \_\_\_\_\_

Date(s): \_\_\_\_\_

Camp/Clinic Director: \_\_\_\_\_

Will transportation expenses or mileage be provided or reimbursed for any employee?  
If yes, please include the value associated with this benefit in the compensation column.  
Will the son/daughter of any employee receive free or reduced admission?  
If yes, please include the value associated with this benefit in the compensation column.

Athletics Department Employees:

Name	SS#	Position	Compensation
1.			
2.			
3.			
4.			
5.			

Brief Description of Duties for event Employees:

High School/College Coaches working event:

Name	SS#	Position	Compensation
1.			
2.			
3.			
4.			
5.			

Description of Duties for Employees:

Others working camp, clinic or summer league as non TPS employees:

Name	SS#	Position	Compensation
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- 1.
- 2.
- 3.
- 4.
- 5.

Description of Duties for Employees:

**Approval:**

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**Director of Athletics** **Date**

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**Associate Director of Athletics for Compliance** **Date**

# Camp/Clinic/Summer league Schedule of Camp Events (Form H)

Camp: \_\_\_\_\_

Date(s): \_\_\_\_\_

Date(s): \_\_\_\_\_

Time Frame (include meals)

Location of Special Events

\*\*\*INCLUDE ADDITIONAL SHEET IF NEEDED\*\*\*

**Approval:**

\_\_\_\_\_  
Director of Athletics

\_\_\_\_\_  
Date

\_\_\_\_\_  
Assistant Director of Athletics/Compliance

\_\_\_\_\_  
Date





# **Department of Interscholastic Athletics**

## **Procedures for Camps, Clinics and Summer League**

**Revised February 18, 2013**