BOSTON COLLEGE
Student-Athlete Fee-For-Lesson Form

Name: ___________________________________ Student Number: ____________________________

Sport: ___________________________________ Phone Number: ____________________________

Per NCAA Bylaw 12.4.2.1, a student-athlete may receive compensation for teaching or coaching sports
skills or techniques in his or her sport on a fee-for-lesson basis, provided:

   a) Institutional facilities are not used;
   b) Playing lessons are not permitted;
   c) The institution obtains and keeps on file documentation of the recipient of the lesson(s) and
      the fee charged for the lesson(s) provided during any time of the year; and
   d) The compensation is paid by the lesson recipient (or the recipient’s family) and not another
      individual or entity.

Prior to giving lessons, student-athletes are required to contact the Compliance Office (617-552-1916) to complete any necessary employment paperwork, including the form below, which must be completed for EACH lesson:

To be completed by the student-athlete:

Name of Lesson Recipient: ____________________________________________________________

Date of Lesson: ________________________________________________________________

Location of Lesson (Facility, Town, State): ____________________________________________

Cost of Lesson: _________________________________________________________________

Person Responsible for Payment: ____________________________________________________

Relationship to Lesson Recipient: __________________________________________________

Payment Type (cash, check, etc.): __________________________________________________

I certify that the above information is complete and accurate, and that I have followed all applicable
NCAA regulations concerning fee-for-lesson compensation.

Signature of Student-Athlete ___________________________________ Date ______________

I certify that the above information is complete and accurate regarding the lesson I have received.

Signature of Lesson Recipient ___________________________________ Date ______________

Phone Number ______________

Please return to Jerron Pearson by fax: 617-552-8786, or by mail: 140 Commonwealth Ave, BC, Chestnut Hill, MA 02467

Attachment M-7

BC Compliance 05/15