

THE UNIVERSITY OF TEXAS AT SAN ANTONIO

PROSPECTIVE AFFILIATION AGREEMENT

Agency / Facility Information Sheet

This information collected on this sheet will be used to complete a formal agreement with your institution.

Today's Date: 6 / 14 / 19

Agency Name: **All Sports Speed & Agility**

Address: **14732 Bulverde Rd. San Antonio, TX 78216**

Phone Number: **210-362-4547** Email address: baybayfitness@gmail.com

1. Please briefly describe the scope of your facility/agency's work. Printed brochures or fact sheets explaining your organizational goals may be attached.
Training Athletes of all Sports. Football, basketball, tennis, volleyball, boxing, and track & field.
2. Indicate the most appropriate person(s) to contact within your facility/agency regarding internship possibilities.

Name BayBay McClinton Title/Responsibility **Owner** Phone # 210-362-4547

Office Address: **14732 Bulverde Rd. San Antonio, TX 78216**

Email: baybayfitness@gmail.com Type of Company (LLC, Non-for Profit, etc.):

3. Briefly describe the internship experiences available with your facility/agency.
Hands on teaching the athlete the right technique.
4. Are there any restrictions to an internship that the student or university should be aware of? Will this be a paid position?
Not a paid position.
5. Is your organization a HIPPA covered agency? YES _____ NO **X** _____
6. Do you require background checks for the interns? Yes _____ NO **X** _____
7. Are you available for Fall 20 hrs/wk **Yes** _____, Spring 20 hrs/wk **Yes** _____, and Summer 30 hrs/wk **Yes** _____?