

# APPLICATION IHSA CERTIFIED CLINIC

**This application must be accompanied with a draft of the flyer/brochure to be distributed. Must be turned into the IHSA office no later than 30 days before the start of the clinic**

Sport: _____	Level 1 or 2 Clinic: _____
Contact Name: _____	: ID# _____ Contact Email: _____
Location Of Clinic: _____	Phone #: _____
Date(s) of Camp/Clinic: _____	Cost of Camp/Clinic: _____
Association/Organization Affiliation: _____	

Targeted Experience Level: \_\_\_\_\_ Approx. # of Attendees: \_\_\_\_\_ LEVEL 1  
 \_\_\_\_\_ LEVEL 2

**IHSA Certified Clinician(s) on Camp/Clinic Staff:**  
 (Must be on camp/clinic staff for the duration of the camp/clinic)

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|--|-----------|
| 1. _____<br>(IHSA CERTIFIED CLINICIAN) | ID# _____ |
| 2. _____                               | ID# _____ |
| 3. _____                               | ID# _____ |
| 4. _____                               | ID# _____ |

**Camp/Clinic topics and time allocated to each:**

Level 1 Required Topics Allotment	Time
1. Professionalism	_____
2. Pre-game Conference (classroom)	_____
3. General Game Mechanics (classroom and/or on-field)	_____
4. Conflict Resolution	_____
5. 2-Person - 3-Person (Power Point Presentation)	_____
6. Video Clip Review	_____
7. Conclusion, Attendance, Evaluation	15 min.
<b>Total amount of time for required topics</b>	_____

Level 2 Required Topics Allotment	Time
1. Conflict Resolution	_____
2. Mechanics	_____
3. Sport Specific Level 2 Power Point	_____
4. Video Clip Review	_____
5. Game/Meet Management	_____
(If Basketball-Minimum of three 3-person games worked required for credit)	
<b>Total amount of time for required topics</b>	_____

Optional Topics	Time Allotment
1. Fitness preparation, testing	_____
2. Assignments	_____
3. On Field/Court Time	_____
4. Preventative Officiating	_____
5. Review State Terms & Conditions	_____
6. Misc. Items (Please specify: _____)	_____
<b>Total amount of time for optional topics</b>	_____

**Total amount of time for camp/clinic** \_\_\_\_\_

Submitted by (signature): _____	Date: _____
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