

IHSA Certified Clinic Application

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.
The fields in this form will accept a cursor and can be filled out prior to printing.

Sport	<input type="text"/>	<input type="checkbox"/> Level 1 Clinic	<input type="checkbox"/> Level 2 Clinic
Contact Name	<input type="text"/>	Contact Email	<input type="text"/>
Date(s) of Camp/Clinic	<input type="text"/>	ID#	<input type="text"/>
		Phone	<input type="text"/>
		Time	<input type="text"/>
Location of Clinic	<input type="text"/>	Clinic Cost (Assoc. Member)	<input type="text"/>
Association/Organization Affiliation	<input type="text"/>	Clinic Cost (Non-Member)	<input type="text"/>

Targeted Experience Level Approx. # of Attendees: Level 1 Level 2

IHSA Certified Clinicians/Clinic Staff: (Must be on clinic staff for duration of the clinic)

1.	<input type="text"/>	ID#	<input type="text"/>	5.	<input type="text"/>	ID#	<input type="text"/>
2.	<input type="text"/>	ID#	<input type="text"/>	6.	<input type="text"/>	ID#	<input type="text"/>
3.	<input type="text"/>	ID#	<input type="text"/>	7.	<input type="text"/>	ID#	<input type="text"/>
4.	<input type="text"/>	ID#	<input type="text"/>	8.	<input type="text"/>	ID#	<input type="text"/>

Level 1 Required Topics	Time Allotment (mins):
1. Professionalism	<input type="text"/>
2. Pre-Game Conference (classroom)	<input type="text"/>
3. General Game Mechanics (classroom &/or on-field)	<input type="text"/>
4. Conflict Resolution	<input type="text"/>
5. 2-Person/3-Person (Power Point Presentation)	<input type="text"/>
6. Video Clip Review	<input type="text"/>
7. Conclusion, Attendance, Evaluation	<input type="text"/>
Total Time Allotment for Required Topics:	<input type="text"/>

Level 2 Required Topics	Time Allotment (mins):
1. Conflict Resolution	<input type="text"/>
2. Mechanics	<input type="text"/>
3. Sport Specific Level 2 Power Point	<input type="text"/>
4. Video Clip Review	<input type="text"/>
5. Game/Management (If Basketball - Minimum of three 3-person games worked required)	<input type="text"/>
Total Time Allotment for Required Topics:	<input type="text"/>

Optional Topics	Time Allotment (mins):
1. Fitness Preparation, Testing	<input type="text"/>
2. Assignments	<input type="text"/>
3. On Field/Court Time	<input type="text"/>
4. Preventative Officiating	<input type="text"/>
5. Review State Terms & Conditions	<input type="text"/>
Misc. Items (please specify) <input type="text"/>	<input type="text"/>
Total Time Allotment for Required Topics:	<input type="text"/>

Date

Total Time Allotment for Required Topics:

Submitted by (signature): _____

Total Time for Clinic: