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		Level 1 Clinic	Level 2 Clinic	
Contact Name		Contact Email		
Date(s) of Camp/Clinic		ID#	Phone	Time
Location of Clinic			Clinic Cost (Assoc. Member)	
Association/Organization Affiliation			Clinic Cost (Non-Member)	
Targeted Experience Level			Approx. # of Attendees: Lev	el 1 Level 2
IHSA Certified Clinicians/Clinic Staff: (Must be on clinic staff for duration of the clinic)				
1.	ID#	5.		ID#
2.	ID#	6.		ID#
3.	ID#	7.		ID#
4.	ID#	8.		ID#
Level 1 Required Topics Time Allotment (mins):				
	1. Professionalism			
2. Pre-Game Conference (classroom)				
3. General Game Mechanics (classroom &/or on-field)				
4. Conflict Resolution				
	5. 2-Person/3-Person (Power Point Presentation)			
	6. Video Clip Review			
	7. Conclusion, Attendance, Evaluation			
		Total Time Allo	tment for Required Topics:	
Level 2 Required Topics				Time Allotment (mins):
	1. Conflict Resolution			
	2. Mechanics			,
	3. Sport Specific Level 2 Power Point	:		,
	4. Video Clip Review			
	5. Game/Management (If Basketball	- Minimum of three 3-per	son games worked required)	
		Total Time Allo	tment for Required Topics:	
Optional Topics				Time Allotment (mins):
	1. Fitness Preparation, Testing			
	2. Assignments			
	3. On Field/Court Time			
	4. Preventative Officiating			
	5. Review State Terms & Conditions			
	Misc. Items (please specify)			
Date		Total Time Allo	tment for Required Topics:	
Submitted by (signature):			Total Time for Clinic:	-