



## Application to Host ISI Officials Clinic

The ISI Officials Committee encourages any team with sufficient parent interest and adequate facilities to host an officials' clinic, to complete and submit an application.

**NOTE:** Officials clinics will only be scheduled for the Fall (September & October) and Spring (April & May).

**Forward this application to:** Illinois Swimming, Inc., 1400 E. Touhy Avenue, Suite 245, Des Plaines, IL 60018  
FAX: 847-824-1726 E-MAIL: [ilswimoffice@ilswim.org](mailto:ilswimoffice@ilswim.org)

**TYPE OF CLINIC:** All Levels \_\_\_\_\_ Stroke and Turn \_\_\_\_\_ Judge Only \_\_\_\_\_

**Note:** A minimum of 30 days' notice is required

**CLINIC DATE:** First choice: \_\_\_\_\_ Second choice: \_\_\_\_\_ Third choice: \_\_\_\_\_

**HOST TEAM'S COMMITMENT:** The host team shall provide the necessary parent workers, swimmers, Coach(es), hospitality and facilities to conduct a full-service officials clinic. A team representative is required to serve as the contact person to coordinate the parent workers, hospitality, facility arrangements and coaching personnel. Admin Judge and Referee clinics require a classroom with desks, chairs and black/whiteboard. Stroke & Turn Judge and Starter clinics require a classroom with desks, chairs, black/whiteboard, DVD and TV equipment, and a pool facility with starting blocks and electronic starting system (touch pads and timing system is not required). A certified team coach must be present for the duration of the swimmer demonstrations (minimum of two (2) hours) and is responsible for supervising the swimmers at the direction of the ISI clinician. The host team shall provide no less than sixteen (16) swimmers. In general, weekend clinics will start promptly at 8:30 AM and finish by approximately 3:00PM. It is also possible to plan evening clinics over two nights, with a pool session and swimmers needed only on one evening.

Additional information will be sent to your contact person once the clinic is approved.

Name of Swim Club hosting clinic: \_\_\_\_\_

Name of Clinic Site: \_\_\_\_\_

Address of Clinic Site: \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Contact Person Telephone: \_\_\_\_\_ (E-mail) \_\_\_\_\_

Contact Person mailing Address \_\_\_\_\_

Coach Name and Contact Info \_\_\_\_\_

**IMPORTANT:** All clinic attendees must be preregistered with the ISI office in accordance with the respective clinic registration form.