

NATIONAL INTERCOLLEGIATE SOCCER OFFICIALS ASSOCIATION

NISOA REGIONAL CLINIC AGREEMENT OF UNDERSTANDING

BY SPONSORING A NISOA REGIONAL CLINIC, WE AGREE TO ABIDE BY AND PERFORM THE FOLLOWING IN ORDER TO QUALIFY FOR CONSIDERATION:

- 1.0 AGREE TO HAVE AT LEAST TWO OR MORE NISOA LOCAL CHAPTERS INVOLVED IN THE PLANNING AND IMPLEMENTATION OF THE REGIONAL CLINIC.
- 2.0 AGREE TO ADHERE TO THE REQUIRED TIME AND TOPICS SUBMITTED BY THE NISOA DIRECTOR OF INSTRUCTION.
- 3.0 AGREE TO MAKE CONTACT WITH THE ASSIGNED NISOA CLINICIAN(S) AT LEAST 1-2 MONTHS IN ADVANCE OF THE CLINIC DATE TO DISCUSS ARRIVAL TIME, LODGING, CLASSROOM FACILITY NEEDS, AUDIO-VISUAL NEEDS, AGENDA, ETC.
- 4.0 AGREE TO ARRANGE TRANSPORTATION FOR THE ASSIGNED CLINICIAN(S) TO/FROM THE AIRPORT AND CLINIC SITE AND/OR HOTEL
- 5.0 AGREE TO PAY LODGING AND FOOD FOR THE ASSIGNED CLINICIAN(S)
- 6.0 AGREE TO SUBMIT TO THE EXECUTIVE DIRECTOR WITHIN TWO WEEKS AFTER THE REGIONAL CLINIC DATE(S):
 - A. Picture of clinic participants
 - B. Number attended
 - C. Brief Newsletter article on the Clinic
- 7.0 Agree to conduct the new “Physical Performance Test.”
- 8.0 Agree to have each participant either sign a “Waiver” or submit a completed Physician’s Exam Form prior to taking the test.

Chapter(s)

Contact

Date Signed

RETURN WITH APPLICATION FORM TO RAY BERNABEI !!!!!