

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 "WAIVER" OR SUBMIT A COMPLETED PHYSICIAN'S EXAM FORM PRIOR TO TAKING THE TEST

Chapter(s) _____

Contact _____

Date Signed _____

RETURN WITH APPLICATION FORM TO JOHN VEN DE VAARST