

Revised 4/27/08
Clinician Form

Clinicians are used for the purpose of providing specialized instruction, programs, and/or practices on an as needed basis or limited schedule format. **BEFORE** using a clinician, the head coach must **thoroughly** complete the "Request for Clinician" form.

Note: Clinicians are not "weight training coaches and cannot be assigned to the weight room (Policy #707.1). Clinicians are under the direct supervision of the head coach. Dismissal of a clinician by the head coach cannot be appealed.

Athletic Sport		
Clinician's Name:		
Clinician's Address:	Street Address:	
City, State and Zip Code		
Clinician's Phone Number: (include area code)		
ACT 34 Clearance (check one)	Yes _____ (date)	No
Criminal History Check (check one)	Yes _____ (date)	No
FBI Clearance	Yes _____ (date)	No
ALL THREE CLEARANCES ARE REQUIRED		
Clinician Duties/Responsibilities (be specific: for example zone defense skills)		
Dates of Clinical Duties/Responsibilities:		
Times of Clinical Duties/Responsibilities:		
Clinical Experience: (be specific: # of years experience, specific certifications, training experiences)		

 Signature of Head Coach

 Date

 Signature of HS Principal/Date

 Athletic Director/Date

Sport	# of Paid Coaches	# of Non-paid coaches	# of Clinicians
Football	6	7	4
Volleyball	2	2	6
Girls' Basketball	4	7	3
Boys' Basketball	5	5	0
Wrestling	4	8	8
Gymnastics	2	4	4
Track	5	4	4
Boys' Soccer	2	2	2
Baseball	4	5	2
Softball	2	7	3
Cheerleader	3	2	0
Girls' & Boys' Golf	2	2	0
Girls' Soccer	2	2	2
Jr. High Volleyball	1	2	0
Cross Country	2	1	0