



MHSAA RECOGNIZED CAMP/CLINIC MINIMUM REQUIREMENTS

All camps and clinics, in order to be recognized by the MHSAA shall consist of the following:

1. Must be limited to one MHSAA sponsored sport, except that a combination camp/clinic for Baseball and Softball may be run as long as there are rules and mechanics sessions separate from one another during the camp/clinic.
2. Mandated requirements and minimum time frames.
 - a. **Applies to Baseball, Basketball, Football, Ice Hockey, Boys and Girls Lacrosse, Soccer, Softball, Volleyball and Wrestling** - Shall be a minimum of three hours in length, not including breaks or meals (unless a working lunch). The camp/clinic shall also include, at minimum, one and one half hour of active technical or mechanics training (e.g., techniques, footwork, signals, rotations or movements) and a minimum of one and one half hours of classroom training, of which a minimum of 45 minutes must be dedicated to the study of rules and interpretations used by the MHSAA sponsored sport and a minimum of 45 minutes must be dedicated to theory and philosophy of officiating in the sport. The remaining time may cover any area, or review any material, for the sport. All camp/clinic training must take place during a single day or over consecutive days.
 - b. **Applies to Competitive Cheer and Swimming & Diving** - Shall be a minimum of two hours in length, not including breaks or meals (unless a working lunch).
3. At least one clinician must be an official registered with the MHSAA in the sport.
4. Must have the sponsorship and active support of a Local Approved Association.
5. Must submit an MHSAA Recognized Camp/Clinic Application Form, including an agenda or schedule of events to the MHSAA detailing the material and/or topics to be covered.
6. Must have general liability insurance coverage for attendees and facilities during the date(s) of the clinic (only required for clinic with charged fees for attendance and can be the facility's insurance coverage).
7. May charge fees for attendance; however, all fees (excluding the optional costs of rooms and meals) shall not exceed, on average, \$75 per day (e.g., a *Friday, Saturday Sunday clinic shall not exceed \$225*)
8. Camp/Clinic administrators must accurately track attendance of enrollees to ensure that they are in attendance and submit a list of attendees that successfully met these requirements in a timely fashion following the conclusion of the camp/clinic.



RESOLUTION

for recognition as an MHSAA

RECOGNIZED CAMP/CLINIC

THIS RESOLUTION AND ALL SUPPORTING DOCUMENTS ARE DUE BEFORE THE CAMP/CLINIC MAY ADVERTISE ITSELF AS AN MHSAA RECOGNIZED CAMP/CLINIC AND AT LEAST 15 DAYS PRIOR TO THE FIRST CAMP/CLINIC DATE.

Camp/Clinic Information

(Please Print Clearly)

Camp/Clinic Name: _____ Email: _____

Website: _____ Phone #: _____

Camp/Clinic Sport: _____ Local Approved Association Sponsor: _____

Clinic Date(s): _____ # of Days/Hours _____

Scheduled Hours of Technical or Mechanics Training:

Scheduled Hours of Classroom Training: ⇨ Portion Dedicated to Rules and Interpretations:

Clinic Location/Facility: _____

Total Camp/Clinic Student Costs (excluding costs of optional rooms and meals): \$ _____

| Camp/Clinic Clinicians | MHSAA Registered Official? | Camp/Clinic Clinicians | MHSAA Registered Official? |
|------------------------|----------------------------|------------------------|----------------------------|
| | <input type="checkbox"/> | | <input type="checkbox"/> |
| | <input type="checkbox"/> | | <input type="checkbox"/> |
| | <input type="checkbox"/> | | <input type="checkbox"/> |
| | <input type="checkbox"/> | | <input type="checkbox"/> |
| | <input type="checkbox"/> | | <input type="checkbox"/> |

If additional spaces are needed, submit additional clinicians on a separate sheet.

RECOGNIZED CAMP/CLINIC RESOLUTION

I certify that all information contained in the Resolution and included in any attached documents is accurate. I acknowledge that I have read and will follow all published requirements for MHSAA Recognized Officials Camps/Clinics, and I understand that failure to adhere to all of these requirements will cause for declination or withdrawal of the camp's/clinic's "recognized" status with the MHSAA.

I understand that I must reapply annually (at least 15 days before the first date of the clinic) to maintain "recognized" status with the MHSAA and that the camp/clinic may not advertise itself as "recognized" until approved.

Bill Parker

Camp/Clinic Organizer (Print Name)

Signature

Date