

REGISTRATION FORM

Fill in all sections. This form may be copied for additional registrations.

TYPE OR PRINT IN INK ONLY

Student Name _____

Birthdate _____ Grade _____

School _____

Home Address _____

City _____ State _____ Zip _____

Email _____

Home Phone () _____

Emergency () _____

Please circle T-Shirt size: S M L XL

Please register my son/daughter:

Early Registration – prior to Thursday, July 1, 2010

_____ Workshop Participant (\$70.00)

Late Registration and Walk-In Registration

_____ Workshop Participant (\$85.00)

Enclosed is my check or money order:

Make check payable to:

College of Mount St. Joseph

Mail to:

**High School Athletic Training Workshop
Donna Panzeca, Division of Health Sciences
College of Mount St. Joseph
5701 Delhi Road
Cincinnati, OH 45233**

WORKSHOP SPONSORS

- ◆ TriHealth
- ◆ College of Mount St. Joseph
Department of Athletic Training
- ◆ Advanced Pain Solutions
- ◆ Beacon

WORKSHOP HIGHLIGHTS

- ◆ State-of-the-art, air-conditioned facilities
- ◆ BOC Certified Athletic Trainers, Team Physician from the professional, collegiate, and high school ranks
- ◆ Workshop manual, participant package
- ◆ Outstanding mix of classroom and laboratory instruction
- ◆ Individualized instruction
- ◆ Taping practice sessions & taping contest

Be Prepared!

College of Mount St. Joseph
Cincinnati, Ohio
Athletic Training

Presents:
The 7th Annual
High School
Athletic Training
Workshop

Wednesday, July 14, 2010
And
Thursday, July 15, 2010

SEVENTH ANNUAL
COLLEGE OF MOUNT ST. JOSEPH
ATHLETIC TRAINING WORKSHOP
FOR HIGH SCHOOL STUDENTS

WHAT: A two-day athletic training workshop sponsored by the *College of Mount St. Joseph Athletic Training, Tri-Health, Advanced Pain Solution, and Beacon*. The workshop is designed to offer an introductory athletic training experience for high school students with an interest in athletic training/sports medicine and physical therapy. The workshop will be conducted by BOC certified athletic trainers and team physician. The workshop will offer participants a quality mix of classroom instruction and supervised laboratory practice. Basic athletic training techniques such as the following will be covered:

- ♦ *Injury prevention*
- ♦ *Recognition, evaluation, and management of athletic injuries*
- ♦ *Emergency Management*
- ♦ *Rehabilitation of athletic injuries*
- ♦ *Taping and wrapping procedure*

WHEN: Wednesday July 14 and Thursday, July 15, 2010. Registration begins at 8:30 a.m. The workshop will run daily from 9:00 a.m. to 4:00 p.m.

WHERE: College of Mount St. Joseph, Sports Complex.

COST: Workshop participant- \$70.00

Registration includes
continental breakfasts, luncheons,
and course materials.

REGISTRATION DEADLINE:

Thursday, July 1, 2010

- ♦ After July 1, 2010: \$85.00
for workshop participant

REFUND POLICY:

Cancellations must be received in writing prior to **July 1, 2010** to receive a full refund. After that date, a **\$20.00** administrative fee will be deducted.

CONFIRMATION:

Upon receipt of your workshop registration form and fee, you will be sent a confirmation email.

FOR ADDITIONAL INFORMATION:

Contact: Donna Panzeca
College of Mount St. Joseph
Division of Health Sciences
Dept. of Athletic Training
5701 Delhi Road
Cincinnati, Ohio 45233
513-244-4890

EMERGENCY HEALTH INFORMATION

(All requested information must be provided)

Applicant's Soc. Sec. No. _____

Mother's Name _____

Day Phone _____ Evening Phone _____

Father's Name _____

Day Phone _____ Evening Phone _____

If Parents/Guardians cannot be reached, call:

_____ Phone _____

Family Physician _____

Phone _____

Medical Insurance Co. _____

Policy Number _____

Is the Participant covered by any other health benefit plan such as an HMO, etc.? _____

Date of most recent tetanus immunization _____

Indicate any serious medical conditions (disabilities, asthma, diabetes, epilepsy, etc.) _____

List the names of any medications the participant is presently taking and for what medical conditions: _____

List any allergies _____

I agree that in case of an accident involving my son/daughter while attending this workshop, I release College of Mt. St. Joseph, its trustees, employees, and servants from any & all liability. In case of an emergency, I give permission to the appropriate workshop personnel to properly transport my son/daughter to an appropriate medical facility for care. I understand that the College of Mt. St. Joseph, or the workshop sponsors **DO NOT** provide medical insurance, & that I will be responsible for all medical expenses incurred.

The High School Athletic Training Workshop has adopted the following procedures for caring for your son/daughter in the event that he/she becomes sick or injured while attending the workshop: 1) A representative from the workshop will call the home telephone number listed. If there is no answer: 2) A representative from the workshop will call the father's, mother's, or guardian's place of employment as listed. If there is no answer: 3) A representative will call the other phone numbers listed & the physician listed. 4) If none of the above answer, a representative from the workshop will call an ambulance, if necessary, to transport your son/daughter may be admitted to a local medical facility. 5) The workshop will continue to call the parents, guardians, or family physician until one is reached. If I cannot be reached and the workshop authorities have followed the procedures described above, I agree to assume all expenses for moving & medically treating the workshop participant. I also hereby consent to any treatment, surgery, diagnostic procedures, or the administration of anesthesia, which may be carried out, based on the medical judgment of the attending physician.

Parent/Guardian's Signature

Date