

## 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   XXL

Mail in Registration:

Registration – prior to October 30, 2009

*The workshop is open to forty participants and is free. Registrants must include a supporting letter from a guidance counselor, coach, athletic director, or athletic trainer to be enrolled in the workshop. Seats will be filled on a first come first served basis.*

Mail to:

**Athletic Training Workshop  
The College of St. Scholastica  
Department of Athletic Training  
1200 Kenwood Ave  
Duluth, MN 55811  
ATTN: Hal Strough**

## WORKSHOP HIGHLIGHTS

- ◆ State-of-the-art facilities
- ◆ Staffed by BOC Certified Athletic Trainers
- ◆ Workshop manual and prizes
- ◆ Outstanding mix of classroom and laboratory instruction
- ◆ Individualized instruction
- ◆ Panel discussion about the athletic training profession

### Directions to The College of St. Scholastica

#### From I-35 or South Highway 53:

Follow I-35 north to EXIT 258 on 21st Avenue East exit (not 21st Ave. West). Follow 21st Avenue East to Woodland Avenue. Turn right onto Woodland Avenue and follow it three blocks to College Street. Turn left onto College Street and follow it to The College of St. Scholastica.

#### From North Highway 53:

Follow Highway 53 south to Arrowhead Road. Turn left onto Arrowhead Road. Follow Arrowhead Road to Kenwood Avenue. Turn right onto Kenwood Avenue and follow it to The College of St. Scholastica.

#### From Highway 61:

Follow Highway 61 south to 21st Avenue East. Turn right to 21st Avenue East to Woodland Avenue. Turn right onto Woodland Avenue and follow it three blocks to College Street. Turn left onto College Street and follow it to The College of St. Scholastica.



**The College of St. Scholastica  
Duluth, MN  
Department of Athletic Training**

**Presents:  
The 1<sup>st</sup> Annual  
Athletic Training  
Workshop**

**Saturday November 14, 2009**

**FIRST ANNUAL  
THE COLLEGE OF ST. SCHOLASTICA  
ATHLETIC TRAINING WORKSHOP**

**WHAT:** An athletic training workshop sponsored by **The College of St. Scholastica Department of Athletic Training**. The workshop is designed to offer an introductory athletic training experience for students with an interest in athletic training/sports medicine. The workshop will be conducted by BOC certified athletic trainers. The workshop will offer participants an overview of the Master's program, a panel discussion, and hands-on instruction. Basic athletic training techniques such as the following will be covered:

- ♦ *ACL Injury Prevention*
- ♦ *Dynamic Flexibility*
- ♦ *Spine boarding*
- ♦ *Taping and wrapping procedures*

**WHEN:** Saturday November 14, 2009. The workshop will be 9:00 a.m. to 3:30 p.m.

**WHERE:** Burns Wellness Center on the campus of The College of St. Scholastica, Duluth, MN

**COST:** No cost to the first forty students that provide a letter of support from their guidance counselor, coach, athletic director, or athletic trainer.

Registration includes: T-Shirt, lunch, and course materials. Door prizes will also be awarded.

**REGISTRATION DEADLINE:**  
Friday October 30, 2009

**CONFIRMATION:**

Upon receipt of your workshop registration form and fee, you will be sent a confirmation letter along with pertinent workshop information.

*Please bring a change of shoes and wear comfortable athletic clothing! Please avoid jeans and other tight fitting clothing.*

**FOR ADDITIONAL INFORMATION:**

Contact: Hal Strough, PhD, ATR, ATC  
The College of St. Scholastica  
Department of Athletic Training  
1200 Kenwood Ave  
Duluth, MN 55811  
(218) 723-6798  
[hstrough@css.edu](mailto:hstrough@css.edu)

**EMERGENCY HEALTH INFORMATION**

(All requested information must be provided)

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 The College of St. Scholastica, its trustees, employees, and servants from any & all liability. In case of an emergency, I give permission to the appropriate workshop personnel to arrange transport my son/daughter to an appropriate medical facility for care. I understand that The College of St. Scholastica, or the workshop sponsors **DO NOT** provide medical insurance, & that I will be responsible for all medical expenses incurred.

The 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 (if under 18)

Date