



**2007 STUDENT ATHLETIC TRAINER
2-DAY WORKSHOP
WEDNESDAY, JULY 18TH, & WEDNESDAY, JULY 25TH**

The student athletic training workshop is for students entering grades 9-12 and who are interested in learning more about being a student athletic trainer and/or are interested in possibly pursuing a career in athletic training or therapy field. This workshop will introduce you to the world of sports medicine. This workshop will be run by the Certified and Licensed Athletic Trainer, Nicole Gonzales, St. Vincent Clay Hospital, along with guest speakers in the fields of Physical Therapy, Radiology, Emergency Care, and Podiatry. No prior knowledge or experience as a student trainer needed. This workshop is "hands on" with lecture and lab combined. CPR/First Aid training will also be provided during this workshop. The workshop will be held at St. Vincent Clay Hospital. Participants will receive a certificate of completion and give-a-way at the end of the workshop.

✚ There is no cost to attend.

✚ Deadline to register is July 13th and space is limited to 10 students.

Name of Student: _____ **Age:** _____

Address: _____

Home Phone: _____ **Cell Phone:** _____

High School: _____ **Student's grade next year:** _____

Parent(s): _____

Student Signature: _____ **Date:** _____

In case of emergency and parents cannot be reached, please contact:

Emergency contact : _____ **Phone Number:** _____

Other information that you would want the trainers to know about your student:

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- If you have questions, call Nicole Gonzales at 812-243-9146 or St. Vincent Clay Hospital Education Department at 442-2740
 - Student should wear comfortable clothes for labs (taping ankles, practicing emergency procedures, learning stretches, etc.)
 - The following will be provided with registration: lunch on days, instructional binder, CPR certification, and a certificate of completion and give-away for completing the 2-day workshop.
 - Mail this registration form to (or drop off)
St. Vincent Clay Hospital
c/o Educational Services
1206 East National Avenue
Brazil, IN 47834

Parent signature: _____ **Date:** _____