Michigan State University
Athletic Training Student Workshop
June 17- June 20, 2007

Spartan Accredited Undergraduate Athletic Training Program
http://athletictraining.msu.edu

Michigan State University Athletic Training Student Workshop

MSU would like to invite you to our 2007 Athletic Training Student Workshop. The workshop will be held from 3:00 pm, Sunday, June 17 until 12:30 pm, Wednesday, June 20, 2007 on the campus of Michigan State University. The camp is designed for high school students who are interested in basic and advanced athletic training knowledge and skills. The workshop will consist of lecture and laboratory sessions incorporating an aggressive sharing of athletic training topics. Objectives will include introductory information emphasizing anatomy, injury recognition and evaluation, initial treatment plans, taping and wrapping, improved awareness of emergency situations, general rehabilitation ideas, record keeping, and an overview and exposure to the athletic training and sports medicine professions. MSU will offer an innovative, open, and sharing environment for learning and knowledge gathering.

Full-time Michigan State University Athletic Training staff will be involved in the daily instruction and lab sessions. Guest lecturers will involve local high school athletic trainers, team physicians, and various sports medicine/allied health professionals from the community. Current undergraduate athletic training students will be present to assist with lab sessions, mentoring opportunities, and daily supervision.

Michigan State University’s Accredited (CAATE) Undergraduate Athletic Training Major offers a Bachelor of Science Degree within the Department of Kinesiology. Students are offered an extensive range of clinical experiences in conjunction with a challenging, research-based educational and classroom opportunity. MSU has a long, successful history of preparing aggressive, critical thinking, “hands on” athletic training students while combining educational and clinical exposures to various health care professionals.

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2007 MSU Athletic Training Workshop

Who: Current high school students interested in exploring athletic training and/or other allied health care fields are eligible.

Workshop Dates: Check in is on Sunday, June 17, from 1:00 pm until 3:00 pm at Wilson Hall/ South Complex. Check out will be at 12:30 pm on Wednesday, June 20.

Cost: Resident Camper tuition: $350 to include housing, meals, workshop notebook, educational materials, t-shirt, and taping supplies. Commuter Camper tuition: $250 to include all the features of the resident camper except for housing and breakfast.

Refund Policy: There is a $50 non-refundable fee for all cancellations prior to camp, June 17, 2007.

Medical Policy: Each participant should have his or her own medical insurance.

Additional Information: Please bring pen or pencils. Dress for the camp is casual. Shorts and T-shirts are acceptable for labs. More information regarding the athletic training workshop and Michigan State University’s Athletic Training program can be found on the web page at http://athletictraining.msu.edu

Medical Treatment Authorization Form

Name:_____________________________________
Date of Birth:____________________________
Participants are automatically enrolled in MSU’s accident insurance plan. Eligible covered expenses will be paid only if they are in excess of other valid and collectible insurance.

1. List any medical conditions that camp personnel should be aware of:

________________________________________________
________________________________________________
________________________________________________
_________________________________________________

2. List any medications currently taking:

________________________________________________

3. List any allergies:

In case of emergency please contact:

Name:_____________________________________
Daytime Telephone:_________________________
Nighttime Telephone:_______________________
Name of Medical Insurance:_________________
Company Telephone:_______________________
Insurance Policy Numbers:____________________

** as parent or legal guardian of the participant named above, authorizes MSU to seek medical and/or surgical treatment which reasonably necessary to care for the participant. I further authorize the medical facility that treats the participant to release all information needed to complete insurance claims. I acknowledge my responsibility to pay all costs associated with the participant medical care and authorize all insurance payments, if any, to be made directly to the medical facility.

Parent/Guardian Signature:____________________
Date:_____________________________________

REGISTRATION INFORMATION

Name:_____________________________________
Age:_________ Date of Birth:____________________
Gender:________________________
Address:_________________________________
City, State, Zip:________________________________
Phone:________________________
E-Mail:_________________________________
High School:_________________________
High School ATC:_________________________
T-Shirt Size (specify):_____________________

Emergency Contact Information

Parent/Guardian Name:_____________________
Relationship:_________________________
Work/Cell Phone:_______________________
E-Mail:_________________________________
Workshop Fee: $350 resident, $250 commuter.
Registration deadline: June 4, 2007

Check One: Check_________________________
MasterCard__________ VISA_________________
Card Number:_________________________
Expiration Date:_______________________
Signature:_________________________
Address of Card Holder:_____________________
Telephone No. of Card Holder_________________

Please enclose Medical Treatment Form, Payment or make check payable to Michigan State University Athletic Training Workshop. Mail to:

Thomas J. Mackowiak PhD, ATC
Breslin Student Events Center
Michigan State University
East Lansing, MI 48824

Michigan State University