



## Michigan State University

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*Michigan State University*

*Athletic Training Student Workshop*

*June 27– June 30, 2010*



***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 2010 Athletic Training Student Workshop. The workshop will be held from 3:00 pm, Sunday, June 27 until 12:30 pm, Wednesday, June 30, 2010 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



2009 Michigan State University athletic training workshop students.

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" student athletic trainers while combining educational and clinical exposures to various health care professionals.

# 2010 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 27, from 1:00 pm until 2:45 pm at Holden Hall. Check-out will be at 12:30 pm on Wednesday, June 30.

**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 15, 2010.

**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 participants 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 17, 2009 Check One:**  
**Check** \_\_\_\_\_

MasterCard \_\_\_\_\_

VISA \_\_\_\_\_

Card Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Address of Card Holder: \_\_\_\_\_

Telephone No. of Card Holder \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**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**

## Athletic Training Student Experience?

Choose one: None \_\_\_\_\_

1 year \_\_\_\_\_

2 years \_\_\_\_\_

3 years \_\_\_\_\_

**\*\*Depending on levels and number of students with experiences, Michigan State University may offer break out sessions directed at basic and advanced levels of athletic training student experiences.**



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