MSU would like to invite you to our 2014 Athletic Training Student Workshop. The workshop will be held from 3:00 pm, Sunday, June 15 until 12:30 pm, Wednesday, June 18 2014 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.
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’s 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 12, 2014 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
223 Kalamazoo St, Jenison Field House, Room # 106
Michigan State University
East Lansing, MI 48824

Phone:  517-355-1627
Fax:  517-432-1832
e-mail:  mackowi1@ath.msu.edu

Thomas J. Mackowiak PhD, ATC
Jenison Fieldhouse, Room #106
223 Kalamazoo St.
Michigan State University
East Lansing, MI 48824

2014 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 15, from 1:00 pm until 2:45 pm at Holden Hall Lounge. Check-out will be at 12:30 pm on Wednesday, June 18.

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 8, 2014.

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

AT Student Experience?
Choose one: None ________ 1 year ________ 2 years ________ 3 years ________