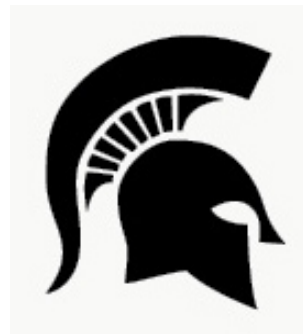




Michigan State University

2017 High School Athletic Training Student Workshop

*June 18– June 21,
2017*



*Spartan Accredited
Undergraduate Athletic
Training Educational
Program*

**[http://
athletictraining.msu.edu](http://athletictraining.msu.edu)**

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Michigan State University High School Athletic Training Student Workshop

MSU would like to invite you to our 2017 Athletic Training Student Workshop. The workshop will be held from 2:45 pm Sunday, June 18 until 12:30 pm Wednesday, June 21 2017 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, emergency situations, general rehabilitation ideas, CPR/AED certification, 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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2017 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 18 from 1:00 pm until 2:45 pm at East Wilson Hall. Lounge Check-out will be at 12:30 pm on Wednesday, June 21

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 11, 2017

Medical Policy: Each participant should have his or her own medical insurance and copy of card.

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: _____

Cell Phone: (____) _____

E-Mail: _____

High School: _____

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 13, 2017 Check One:
Check _____

MasterCard _____

VISA _____

Amount: _____

Card Number: _____

Signature: _____

Address of Card Holder: _____

Telephone No. of Card Holder _____

Expiration Date: _____

Please enclose Medical Treatment Form, Copy of Insurance card, Payment or make check payable to Michigan State University Athletic Training Workshop.

Mail to:

Thomas J. Mackowiak PhD, ATC

IM Circle, 308 W. Circle Drive, Room # 105

Michigan State University

East Lansing, MI 48824

AT Student Experience?

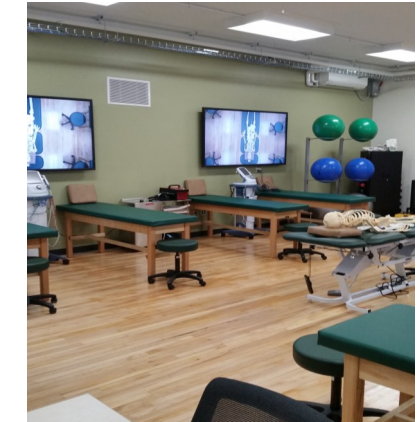
Choose one: None _____

1 year _____

2 years _____

3 years _____

Individual levels of experience needs will be accommodated.



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