

**The University of Alabama
Jr High & High School Athletic
Training Student Aide
Camp Application**

Please print or type

Camper's Name _____

Email Address _____

Home Address _____

City _____ State _____ Zip _____

Parents/Guardians Name _____

School _____

T-Shirt Size (*circle one*) S M L XL XXL XXXL

Grade (*as of August 2015*) _____

Cost: \$100

Early registration must be **postmarked**
by **July 8th, 2015**

On-Site Registration: \$125

Make checks payable to:

Athletic Training Students' Association
(or ATSA)

**Mail Payment, Registration
& Waiver of Claims form to:**

The University of Alabama
c/o High School Athletic Training Camp
P.O. Box 870311
Tuscaloosa, Alabama 35487-0311



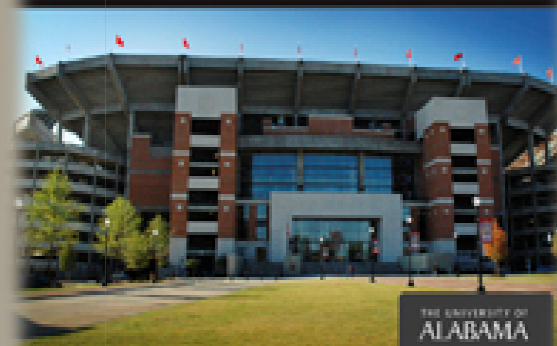
The University of Alabama Jr High & High School Athletic Training Student Aide Camp Staff invites you to learn about athletic training from the athletic trainers who provide medical care to some of the best athletes in the nation! The camp is designed for jr high & high school students who are interested in gaining athletic training knowledge & skills. The program will address current concepts in athletic training and is taught by certified athletic trainers who work at The University of Alabama.



**The University
of Alabama**

**2015
Jr High &
High School
Athletic Training
Student Aide
Camp**

**July 11th, 2015
8am – 5pm**





Schedule

- 8:00 – 8:45a: Registration & Check-in
- 9:00 – 12:00p: Educational Sessions
- 12:00 – 1:00p: Lunch & Learn
Lunch provided by The University of Alabama Undergraduate Admissions
- 1:00 – 4:45p: Educational Sessions
- 5:00: Check-out & Tailgate
Parents/Guardians are invited to join us for hamburgers, hotdogs & all the trimmings!

Topics

- ~ Basic Anatomy
- ~ Mechanisms of Sport Injuries
- ~ Gait Analysis
- ~ Evaluation Techniques
- ~ Taping & Wrapping
- ~ Concussion Assessment

Location

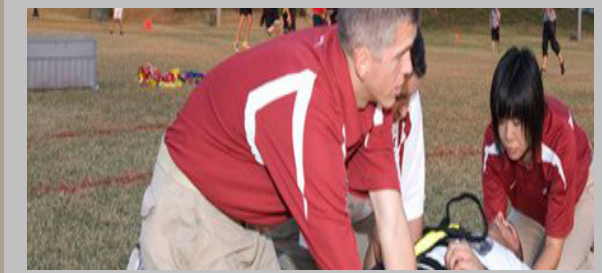
All camp activities will be conducted in the Football Athletic Training Room located in the Mal Moore Football Facility off Bear Bryant Drive. Check-out & Tailgate will be held in the parking lot directly in front of the Mal Moore Football Facility

Accommodations

UA provides reasonable accommodations for program accessibility to qualified individuals with a disability. Contact the Office of Disability Services at (205) 348-4285 or ods@bama.ua.edu promptly to discuss any accommodation requests.

Questions

Contact Jeri Zemke PhD, LAT, ATC
zemke001@bama.ua.edu



Release In consideration for my child/dependent being permitted to attend and participate in the camp, Parent/Guardian hereby knowingly and voluntarily releases, exculpates, and discharges The Board of Trustees of The University of Alabama and its trustees, officers, employees, and agents (the "Releasees") from any and all Liabilities related to the High School Athletic Training Student Aide Camp ("Camp"). This is intended to discharge in advance the Releasees and waive all Liabilities related to student's participation in the Camp.

Assumption of Risk Parent/Guardian understands that student's participation in the Camp is wholly voluntary, and that participation involves risk. These risks include, without limitation, risks from premises involved, including those that are owned by others; risks such as falls or other accidents; risks from the areas where activities are to take place; risks from other workers and participants involved in the Camp, such as transmitted illnesses or risks from actions of other persons; risks from weather; risks from dining; and other risks beyond the control of the Releasees. Parent/Guardian has conducted, or has had the opportunity to conduct, his/her own investigation and is willing to accept these risks. Parent/Guardian understands and acknowledges that involvement and participation in the Camp may cause student to suffer an injury, severe health problems, or even death, and Parent/Guardian voluntarily assumes and accepts any and all such risks.

Health Care and Emergencies Parent/Guardian understands that Releasees do not accept responsibility or liability for providing health care services or health care insurance for student in regard to Camp, and that Liabilities related to health care remain the Parent/Guardian's responsibility. Parent/Guardian agrees that if student has any medical or mental condition that could impact the welfare or safety of student or others, such information can be timely disclosed, to help ensure the safety and well being of student and others. In the case of a medical emergency, Parent/Guardian authorizes Releasee to give consent for medical treatment on student's behalf, including all ordinary and extraordinary medical measures.

Indemnification. Parent/Guardian shall release, hold harmless, and indemnify Releasees from and against any and Liabilities related to the Camp, including medical care decisions.

Authorization for Name/Photo Parent/Guardian gives to University and its agents/representatives permission to use as necessary his/her child/dependent's name and photograph to promote and advertise the camp for a period of two years after the date of this release.

Acknowledgement Parent/Guardian has read and relies wholly upon his/her own judgment, belief, and knowledge, in agreeing to this document; warrants that he/she has legal responsibility, custody, and authority to speak for student, who is a minor, and signs to bind himself/herself, student, and their respective heirs, assigns, and next of kin.

Signature of Parent/Guardian: _____

Date: _____

Emergency Contact Information

Parent/Guardian Name: _____

Relationship: _____

Telephone # Home () _____ - _____

Work () _____ - _____

Cell () _____ - _____

Child/Dependent's Name : _____

Insurance Company: _____ Policy #: _____