



2018 Jr High & High School Athletic Training Student Aide Camp July 14th, 2018 8am – 5pm

Why Should I Attend This Camp?

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 related 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.

What Is An Athletic Trainer?

An Athletic Trainer is a health care professional who has been trained to prevent, recognize, evaluate and rehabilitate injuries and illnesses that commonly occur in the athletic patient population. To become a Certified Athletic Trainer, an individual must graduate from an accredited Athletic Training Program (like we have here at The University of Alabama), and then sit for and pass a national board of certification examination. After successfully passing that examination, that individual is eligible to be employed as an athletic trainer in all 50 states.

What Will We Be Learning/Doing At This Camp?

Topics include:

- | | | |
|--------------------------------|-----------------------------------|-------------------------|
| ~ Basic Anatomy Review | ~ Basic Injury Evaluation Process | ~ Stretching Techniques |
| ~ Vitals Assessment Techniques | ~ Crutch-Fitting | ~ Wrapping Techniques |
| ~ Taping Techniques | ~ Gait Analysis | ~ Concussion Assessment |

Where Will The Camp Be Held?

All camp activities will be conducted in the Football Athletic Training Room in the Mal Moore Football Facility just off Bear Bryant Drive. Camper Check-In and Check-Out will take place in the main foyer of the Mal Moore Football Facility (entrance that faces the baseball stadium).

Questions?

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

**Camper Information (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 2018*) _____**Emergency Contact Information (Please print or type)**

Parent/Guardian Name _____ Relationship _____

Child/Dependent's Name _____

Home Phone () _____ - _____ Cell Phone () _____ - _____

Insurance Company _____ Policy # _____

Any known allergies? Yes No (*circle one*) If yes, please list allergies _____

NOTE: If your child needs to bring any type of medication with him/her, a parent or guardian **MUST** also complete a Medication Management Form.

Cost: \$100 - Early registration must be postmarked by
July 11th, 2018

On-Site Registration: \$125

Cost includes: Lecture Handouts, T-shirt, Certificate of Attendance, Lunch & Dinner

Make checks payable to: Athletic Training Students' Association (or ATSA)

Mail Payment and ALL pages

(Camper Information, Liability Form, and Medication Management Form [if needed])

of this registration to:

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

Youth Protection Program: Liability Waiver

Program: _____ Event Date(s): _____

Participant: _____ Age (at the time of program): _____

Purpose

This form is to be signed by each Participant (or the parent/guardian of any Participant under the age of 19) involved in the Program. In consideration for the educational, social, recreational, and other benefits to be provided, the receipt and adequacy of which is acknowledged, Participant agrees as follows.

Liability Release

THIS IS A RELEASE OF LIABILITY. Participant knowingly and voluntarily waives, releases, exculpates, and discharges UA and any related third party entities or contractors from and against any and all Potential Liabilities connected with the Program. By signing this form, the Participant voluntarily agrees to discharge UA and any related third party entities or contractors in advance from all such Potential Liabilities.

Indemnification

The Participant agrees to hold harmless and indemnify UA from and against Potential Liabilities related to or arising from Participant's involvement in the Program.

Assumption of Risk

The Participant understands and acknowledges that there are risks, including significant risks, inherent in all activities that can result in loss, damages, injury, or death, including, without limitation:

- **Travel/traffic risks** such as accidents, crashes, and risks from autos operated by UA or the Program as well as autos operated by other individuals or entities, poorly maintained roads, sidewalks, as well as criminal acts that can result in serious injury or death;
- **Premises risks**, including those that may be owned by others and risks from water, such as drowning;
- **Injury risks** from falls, collisions, or accidents (such as cuts, bruises, torn muscles, sprains, broken bones, concussion, etc.);
- **Outdoor risks**, such as weather, lightning, heat or cold, insect bites/stings, allergic reactions to plants, dehydration, hypothermia, drowning, sunburn, animals, and limited access to medical care;
- **Risks from others** involved in the Program such as transmitted illnesses or others' actions;
- **Health risks**, such as allergic reactions, heart or respiratory events as well as other risks inherent in any strenuous activities, including things identified as "injury risks" herein;
- **Equipment risks**, including failure, misuse, inherent risks, and risks from UA or non-UA equipment;
- **Other risks and hazards** beyond the control of UA, including criminal acts that can result in serious injury or death.

Unique risks potentially related to the Program may include but are not limited to:

The Participant acknowledges that they have had an opportunity to investigate the Program before executing this form and, knowing and understanding all risks associated with the Program, Participant nevertheless **VOLUNTARILY AGREES TO ASSUME AND ACCEPT ALL RISKS** that potentially accompany participation in the Program. Participant also agrees to take all reasonable steps to avoid any risks, injury, or death.

Health Care and Emergencies

UA does not accept responsibility or liability for providing health care services or health care insurance for Participant. Participant should consult their own medical care provider, and warrants their physical fitness to participate in the Program. Participant authorizes UA to obtain any necessary medical treatment for Participant during the Program. Participant agrees to be responsible for the payment of any fees and charges that may be imposed by any doctor or hospital facility in the provision of medical care to Participant. Further, Participant agrees to indemnify and hold UA harmless from any claim that may be made by a doctor of medical facility of said fees and charges incurred in the provision of medical care to Participant. The Participant is required to provide the name(s) and contact number(s) for a parent, guardian, or other party that is a reliable contact in the event of emergencies.

Conduct

Participant agrees, for the duration of the Program, to abide by all applicable federal, state, and local laws as well as the rules and regulations for the Program. Participant also agrees to follow posted signs as well as instructions and directions of University officials and Program directors and supervisory staff.

Photography

Participant acknowledges that photographs and possible videos may be taken and irrevocably and perpetually authorizes UA to broadcast these images. Participant releases and discharges UA from any potential claims related to the broadcast or use of their image, and any potential claims related to the work. Participant waives any right to inspect or approve the work or the broadcast of their image. This agreement shall be interpreted in accordance with applicable law. This is the entire agreement of the parties, and any changes must be in writing.

Definitions

The following terms have the stated meaning when used in this document:

- **Applicable Law** – the laws of the State of Alabama, without regard to conflicts of laws provisions. UA does not waive, but reserves, all immunities, including Article I, section 14, of the Alabama Constitution. Claims against the University must be made to the State Board of Adjustment. To the extent not barred by immunity, nor required to be filed before the Board of Adjustment, exclusive venue and jurisdiction of all disputes shall lie in the state and federal courts of Tuscaloosa County, Alabama.
- **Broadcast** - to use, reuse, broadcast, publish and/or copyright, in whole or in part, for advertising, promotion, publicity, trade, educational, commercial, merchandising, packaging, public relations and media purposes, in all media, worldwide without limitation, in perpetuity.
- **Image** - image, picture, name, biographical information, voice, statements, recordings or interviews made by or attributable to the person who is appearing in the work, verbatim or otherwise, photographic portraits, drawings, visual representations, video tapes, motions pictures, or other use of likeness in whole or in part, and any reproductions thereof.
- **Participant** – the person participating in the Program or any University employee (regular or temporary), 3rd party employee, student, or volunteer working in any capacity to facilitate or support the Program. If

the Participant is under age 19 or is under some form of court-ordered guardianship or custodial arrangement, permission and acknowledgement by a parent/guardian is required.

- **Potential Liabilities or Claims** – any and all loss, injury, death, claims, actions, suits, proceedings, settlements, damages, costs, fees, and expenses, at law or equity, known and unknown, foreseen and unforeseen, including, but not limited to, attorney fees and costs of litigation, and liabilities arising out of, connected with, or resulting from the Participant’s involvement in the Program, such as medical expenses, other costs, injury, sickness, or death. Additionally, potential claims related to the use of the Participant’s image may refer to any liability, damages (compensatory or punitive), claims, or causes of action whatsoever, including, without limitation, claims for invasion of privacy, defamation of character or any alteration, distortion or illusionary effect, whether intentional or otherwise.
- **Program** – _____ including all activities incidental or connected therewith, such as housing, dining, training, activities, and transportation. Programs may be held on or off University property and may require transit between two or more locations. The terms of this document will apply regardless of Program location, including to and from the event(s).
- **UA** – The Board of Trustees of The University of Alabama (hereinafter referred to as “UA” or “University”), including The University of Alabama, affiliated foundations, and their respective trustees, officers, employees, agents, representatives and volunteers.
- **Work** – the finished product and any material used in connection therewith.

Emergency Contact(s):

Name: _____ Phone: _____

Name: _____ Phone: _____

Acknowledgement

I, AS PARTICIPANT, ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THIS ENTIRE DOCUMENT AND, RELYING WHOLLY UPON MY OWN JUDGMENT, BELIEF, AND KNOWLEDGE THE RISKS ASSOCIATED WITH THE PROGRAM, WHICH INCLUDE SIGNIFICANT INJURY OR DEATH, VOLUNTARILY AGREE TO EXECUTE THIS DOCUMENT AND PARTICIPATE IN THE PROGRAM. I ACKNOWLEDGE THAT NO ORAL REPRESENTATIONS, STATEMENTS, OR INDUCEMENTS HAVE BEEN MADE TO ME SEPARATE AND APART FROM THE TERMS OF THIS DOCUMENT. I VOLUNTARILY SIGN THIS AGREEMENT OF MY OWN FREE WILL FULLY INTENDING TO LEGALLY BIND MYSELF, MY HEIRS, SUCCESSORS, AND ASSIGNS TO ITS TERMS.

Signature: _____ Date: _____

Printed Name: _____ Phone: _____

*If Participant is under the age of 19, a Parent/Guardian must execute this document.

Parent/Guardian Acknowledgement

THE SIGNING PARENT/GUARDIAN CERTIFIES THAT THEY ARE OVER THE AGE OF 19, HAS READ AND UNDERSTANDS THIS DOCUMENT, UNDERSTANDS THE RISKS, INCLUDING INJURY OR DEATH, ASSOCIATED WITH THE PROGRAM, IS VOLUNTARILY ALLOWING PARTICIPANT TO TAKE PART IN THE PROGRAM, HAS THE RIGHT TO SIGN ON BEHALF OF THE PARTICIPANT, IS SIGNING THIS DOCUMENT VOLUNTARILY, ACKNOWLEDGES THAT NO ORAL REPRESENTATIONS, STATEMENTS, OR INDUCEMENTS HAVE BEEN MADE SEPARATE AND APART FROM THE TERMS OF THIS DOCUMENT, AND AGREES TO ENTER INTO THE SAME, FULLY INTENDING TO LEGALLY BIND PARTICIPANT, HIS/HER HEIRS, SUCCESSORS, AND ASSIGNS TO THE TERMS OF THIS DOCUMENT.

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____ Relationship: _____

Youth Program Medication Management Form

Instructions

Prescription or over-the-counter (OTC) medications, including medications for conditions such as food, drug or insect allergies; diabetes; asthma; or epilepsy may be brought to the Program under the condition that the medications will be secured by program staff and made available to participant for self-administration as authorized in writing by the participant's parent/guardian. It is the participant's responsibility to come to get their medications, but program staff will make every effort to remind them as needed. If the participant is unsure of the medication to take or the correct dosage, program staff will contact the parent or guardian for clarification.

Medication must be in its original container and all labels must be intact with instructions clearly legible. Prescription medications must be labeled by the pharmacist or prescriber, with the name, address and phone number for pharmacist or prescriber. It is advised that containers hold only the amount required for the time the participant will be attending the Program. If a tablet should be cut in half, this should be done before the submitting medication to the Program. Please send medicine cups for liquid medications.

All medications for a single participant should be stored in a plastic bag labeled with the participant's name and date of birth. All medications and medication bags will be returned to the participant's parent/guardian when the program is over.

This form must be completed fully in order for participants to self-administer required prescription or OTC medication. A new Medication Management form is required for each program attended by the participant, each medication, and each time there is a change in dosage or time of administration of a medication.

Note: Unless we have prior parental authorization, we cannot provide ANY OTC medications.

Youth Program Medication Management Form

Participant Name: _____

Program/Activity Name: _____ Program Date: _____

Medication Information

Medication Name: _____ Dose: _____

Condition for which medication is being administered: _____

Specific Directions (e.g., on empty stomach/with water, taken with food, etc.): _____

Time/frequency of administration: _____

If taken as needed, frequency: _____

If taken as needed, for what symptoms: _____

Relevant side effects: _____

Medication shall be administered from (date): _____ to _____

Special Storage Requirements:

Is refrigeration required? Yes No

Prescriber's Name/Title: _____

Prescriber's Place of Employment: _____ Telephone: _____

If your child requires any assistance with their medications, please explain: _____

Authorization

- I authorize and recommend self-administration by my child for the above medication.
(Please initial: _____)
- I also affirm that they have been instructed in the proper self-administration of the prescribed medication by their attending physician. (Please initial: _____)
- I shall indemnify and hold harmless the Program Staff, The University of Alabama, its Board of Trustees, Administration, Faculty, Staff, Student Leaders, and all other officers, directors, employees and agents against any claims that may arise relating to my child's self-administration of prescribed medication(s).
(Please initial: _____)

Signature of Parent or Guardian: _____ Date: _____

Parent or Guardian Name: _____

Work Phone: _____ Cell Phone: _____