

# ATHLETIC TRAINING WORKSHOP

The Kettering Sports Medicine Center Athletic Training Workshop is designed to introduce students to the field of Athletic Training, while exposing them to other components under the Sports Medicine umbrella.

The workshop will focus on practical skills for the prevention and management of athletic injuries. This will include lectures as well as hands on practical sessions.

Topics include basic taping and bandaging, basic anatomy, initial injury management, prevention of injuries, functional rehabilitation, careers in sports medicine, and other related topics.

There will be representatives attending from area colleges with athletic training programs. Students will also visit Kettering College's anatomy and cadaver labs.

## INSTRUCTORS

Staff members from the Kettering Sports Medicine Center, athletic trainers, physical therapists, physicians, along with other local Sports Medicine professionals, will be the core instructors at the workshop. Several of the athletic trainers have been named Athletic Trainer of the Year, or inducted into the Hall of Fame by the Ohio Athletic Trainers' Association.



## TIME AND PLACE

**Kettering Adventist Church Fellowship Hall**  
3939 Stonebridge Road, Kettering

### Monday, July 18, 2011

9:00 a.m. Registration  
9:30 a.m. – 4:30 p.m. Program

### Tuesday, July 19, 2011

9:00 a.m. – 4:30 p.m. Program

### Wednesday, July 20, 2011

9:00 a.m. – 4:30 p.m. Program

## COST FOR WORKSHOP

\$85 per person

Checks should be made payable to:

**Kettering Sports Medicine Center**

Group rates are available for schools with three or more attendees (\$75 per person). A \$15 deposit (non refundable) per participant must accompany registration, with the balance due on the first day of the workshop. Workshop fees include a reference notebook, workshop supplies and a t-shirt. Lunch will be provided on Monday, Tuesday and Wednesday.



**KETTERING SPORTS  
MEDICINE CENTER**

KETTERING HEALTH NETWORK<sup>SM</sup>

KETTERINGSPORTSMEDICINE.ORG

## REGISTRATION

\_\_\_\_\_  
Last Name, First Name

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City, State Zip

\_\_\_\_\_  
Area Code and Phone Number

\_\_\_\_\_  
School and Graduation Year

\_\_\_\_\_  
Previous experience as a student aide? Y/N # of years \_\_\_\_

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Email Address

Male  Female

**Shirt Size:**  S  M  L  XL  XXL

**Special needs/requests** \_\_\_\_\_

**Return registration form and deposit to:**

Kettering Sports Medicine Center  
Athletic Training Workshop  
3490 Far Hills Ave  
Kettering, OH 45429  
937-395-3920

Questions? Please contact:  
Laura Stafford at  
LauraA.Stafford@khnetwork.org  
or 937-395-3928

**Registration is required  
by Monday, July 11, 2011**

# WAIVER AND RELEASE

In consideration of being allowed to participate in the 2011 Kettering Sports Medicine Center Athletic Training Workshop, I/we release and agree to hold Kettering Sports Medicine Center, Kettering Medical Center, its agents, and employees harmless from any and all claims which I may now have or which may hereafter arise in connection with my participation in the Athletic Training Workshop.

I have been advised that the Athletic Training Workshop will involve my participation in some moderate exercise. I acknowledge that I am aware of the risks of injury involved from such exercises and I represent that I am aware of nothing in my physical condition which would or should prohibit me from engaging in such exercises.

\_\_\_\_\_  
Participants Name (please print)

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

## **EMERGENCY CONTACT INFORMATION**

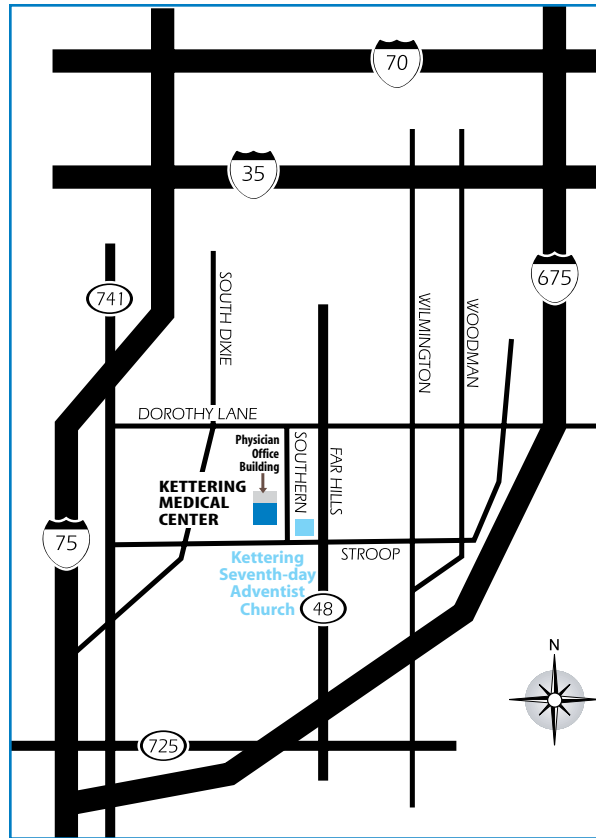
\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Work Phone Number



## KETTERING SPORTS MEDICINE CENTER

KETTERING HEALTH NETWORK™

3490 FAR HILLS AVENUE

KETTERING, OH 45429

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JULY 18, 19 & 20, 2011



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