

Athletic Training Student Symposium & Challenge Registration Form

Name: _____ School: _____

Address: _____ Home Phone: _____

Emergency Contact: _____ Phone: _____

Any health problems / medications that may affect participation:

T-shirt size: _____

Team Members: 1. _____

2. _____

3. _____

4. _____

Awareness of Potential Injury & Release:

“I, the parent / guardian of _____ am aware that participation in this event may result in a risk of injury and will not hold the organization responsible for any injury caused. I hereby give my consent for the above student to engage in physical activity as a representative of his/her school. I also give permission to treat this student in the event of an injury.

Printed name of parent / guardian

Signature of parent / guardian

Signature of student

Sponsoring Licensed Athletic Trainer: _____