

## 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: \_\_\_\_\_