

University of Louisiana at Lafayette Athletic Training Program

**Athletic Training High School Student Aide Workshop – March 30, 2019
REGISTRATION FORM**

EARLY REGISTRATION DEADLINE (guaranteed a shirt): March 14th

Name: _____

D.O.B.: _____

Address: _____

City: _____

Zip Code: _____

Phone: (Home) _____

(Cell) _____

E-mail: _____

Name of your high school: _____

Expected Graduation Year: _____

Have you taken sports medicine course(s) at your high school (circle one)? (Y) (N)

If yes, which one(s)? _____

Do you have any allergies or dietary restrictions (for lunch purpose)?

If yes, please list: _____

T-Shirt Size: _____

Cost: \$30.00 (March 14th); \$40.00 (past March 14th)

Make checks payable to: **Sports Medicine Association**

Please indicate purpose on memo line: HS Workshop registration

**T-shirts not guaranteed to late registrants **

Mail Registration Form and Check to:

University of Louisiana at Lafayette
c/o Sports Medicine Association
225 Cajundome Blvd.
Lafayette, LA 70506

Email all questions to: sportsmedicineull@gmail.com