

University of Louisiana at Lafayette Athletic Training Program
March 10th, 2018
Athletic Training High School Student Aide Workshop
REGISTRATION FORM

EARLY REGISTRATION DEADLINE (guaranteed a shirt): February 26, 2018

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 (February 26); \$40.00 (past February 26)

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