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