



TCU—SMU Athletic

Training Workshop

June 17—19, 2010

Celebrating 31 years together!

The Athletic Training/Sports Medicine staff's of TCU and SMU invite you to be a part of a few days of fun and education about the profession of Athletic Training.

SESSIONS

BASIC...Designed to benefit the high school student with little or no prior athletic training experience, it is a supervised study in athletic training including: Developing taping skills, the role and responsibilities of an athletic trainer and perfecting the skills necessary to prepare athletes for practice and competition. **ADVANCED...**Designed for the advanced high school student, junior college or coaching staff member who has previous experience working with injured athletes, this session covers additional information on rehabilitation, evaluation techniques and specific taping procedures.

FACILITIES AND HOUSING

Clinical coursework and classrooms will be stationed in the TCU athletic department facilities. Recreational facilities will be available during free time, and nightly screenings of your favorite movies will be featured in the evenings. Participants will be housed on TCU's campus and enjoy meals served in the university dining hall.

COST

\$300.00 covers ALL expenses of this three-day workshop. This fee includes: tuition, meals, housing, athletic training room supplies and a reference notebook. A NONREFUNDABLE DEPOSIT OF \$75.00 is due upon application. *A special day rate of \$250.00 for coaching staff members and commuting students is available.*

The balance of your registration is due on or before Wednesday, June 9, 2010.



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MAIL THIS COMPLETED APPLICATION AND PAYMENT TO:

TCU—SMU Athletic Training Workshop
C/o David Gable
P.O. Box 297600
Ft. Worth, TX 76129

NAME: _____ AGE: _____ GENDER: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ SCHOOL: _____

PHONE: _____ E-MAIL: _____

(Please check only one) BASIC SESSION _____ ADVANCED SESSION _____

DEPOSIT: \$75.00 TOTAL PAYMENT: \$300.00 COACH/DAY RATE: \$250.00

T-SHIRT SIZE: S M L XL XXL

PARENT/GUARDIAN SIGNATURE FOR MEDICAL PERMIT TO TREAT: _____