

ATS

2011 High School Athletic Training Symposium



The Louisiana State University Athletic Training Student Organization, Alpha Tau Sigma, would like to invite you to our Annual High School Athletic Training Symposium. The program that Alpha Tau Sigma puts on is designed to educate high school students on sports medicine at the high school and collegiate level. Every attempt will be made to accommodate all skill levels.

Participants will experience a behind-the-scenes look at how the LSU Athletic Training Department operates, as well as learn vital information geared specifically towards Athletic Training Students.

The day will consist of:

- “A typical day of a Certified Athletic Trainer and Athletic Training Student”
- Hands on labs including: Anatomy review and Palpation, Taping Techniques, Splinting, Spine-Boarding, Vital Signs, and the use of Elastic Bands.
- Tours of the LSU Athletic Training facilities
- Interactions with the LSU Athletic Training Education Program Director, LSU Athletic Training Staff, and Athletic Training Students

Date:

Saturday, April 2, 2011

Time:

8:00-3:00

Location:

Bill Lawton Room*

Cost: **

\$40 for payment online
\$45 for payment day of event

*The Lawton Room is located by Gate 5 of Tiger Stadium (across the street from Mike the Tiger's Cage)

**The cost includes a T-Shirt, Lunch, and Supplies

Registration is open now!

To register:

Complete registration online by visiting the website below

-OR-

Fill out and fax the Registration Information form (next page)

(This form is also available on our website.)

**Notice there will be an extra \$5 fee for those that pay on the day of event

Questions?

Contact Dani Klein
Alpha Tau Sigma President
dklein1@tigers.lsu.edu
C: (337) 789-8683

For more information or to register on-line, visit:
www.lsusymposium.blogspot.com

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Registration Information

FAX TO: **LSU Athletic Training**
Attn: Dani Klein
(225) 578-3924

BRING* CASH, CHECK, OR MONEY ORDER PAYABLE TO:
LSU Alpha Tau Sigma
TAX ID NUMBER:
260188786

***DO NOT** mail payments; please bring them to the registration desk on the day of the symposium (\$5 extra fee).

OR register online at: www.lsusymposium.blogspot.com

NAME: _____ SCHOOL: _____

AGE/GRADE: _____ EMAIL: _____

HOME ADDRESS: _____

PARENT'S/GUARDIAN'S NAME: _____

PARTICIPANT PHONE NUMBER: (_____) _____

PARENT'S PHONE NUMBER: (_____) _____

T-SHIRT SIZE: _____

Please note previous athletic training experience, if any. This will be used to potentially place participants in appropriate groups based on skill level:

Do you have any disabilities or ailments that would prevent or hinder your participation in any basic physical activities?

****FOR LSU ATS USE ONLY****

Form of payment: CHECK / MONEY ORDER # _____

Name on check: _____

GROUP: _____