

Student Registration

Please fill out entire registration legibly

Name _____

Address _____

City _____

State _____ Zip _____

Phone Number _____

High School _____

Grade (Fall 2010) _____

T-Shirt Size: S M L XL XXL

Enclosed is my payment of \$15:

Make checks payable to:

The Robert S. Heidt, Sr. -
Wellington Foundation

Send Check and Registration by **June 1st**
to:

Wellington Orthopaedic and
Sports Medicine
C/O Katie Matson
5589 Cheviot Rd.
Cincinnati, OH 45247

**The Robert S. Heidt, Sr. -
Wellington Foundation
would like to give a special
Thank You to the following
sponsors:**

Henry Schein, Inc.

LaRosa's Pizza

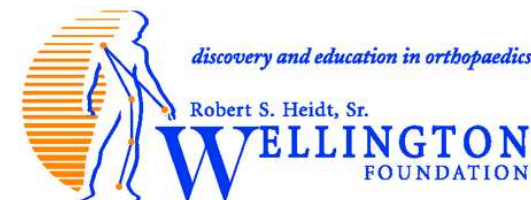
St. Xavier High School

WELLINGTON[®]
Orthopaedic & Sports Medicine

**4th Annual
High School
Students
Sports
Medicine
Workshop**

June 24, 2010
9:00 a.m.- 4:00 p.m.

**St. Xavier High
School**



High School Students' Sports Medicine Workshop

Target Audience:

High school students interested in learning more about the field of Sports Medicine. This includes Athletic Training, Physical Therapy, and Strength & Conditioning.

Learning Objectives:

This year's workshop will focus on the newest trends in the Sports Medicine field, while continuing to provide hands-on experience in the training room.

- * Students will gain insight into current trends being used within the Sports Medicine professions.
- * Students will learn and practice a variety of taping techniques.
- * Students will take part in hands-on demonstrations.

Registration Fee: \$15

Includes:

- * Workshop Notebook
- * Snacks and lunch
- * T-Shirt

Registration Deadline:

Please have registration, along with payment, returned by **June 1, 2010** to the address found on the registration form.

Refund Policy:

Cancellations must be received before June 15th to receive a full refund.

Confirmation:

Upon receipt of your registration and payment, you will be mailed a confirmation packet including workshop agenda, directions to St. Xavier High School, and other important information regarding the workshop.

For more information:

Contact: Katie Matson
(W) 513-245-5434
kmatson@wellingtonortho.com

Emergency Health Form

Applicant's Name _____
Emergency Contact Name _____
Contact's Phone Number _____
Second Emergency Contact Name _____
Contact's Phone Number _____
Family Physician _____
Physician Phone Number _____
Medical Insurance Co. _____
Policy Number _____
Indicate any serious medical conditions (diabetes, epilepsy, asthma, etc.)

Please list any allergies _____

I agree in case of an accident involving my son/daughter while attending this workshop, I release Wellington Orthopaedic and its employees from any and all liability. In case of an emergency, I give permission to the appropriate workshop personnel to properly transport my son/daughter to an appropriate medical facility for care. I understand that Wellington Orthopaedic, or the workshop sponsors DO NOT provide medical insurance, and I will be responsible for all medical expenses incurred.

Wellington Orthopaedic has adopted the following procedures for caring for your son/daughter in the event he/she becomes sick or injured while attending the workshop: 1) A representative from the workshop will call the emergency contact number listed above. If there is no answer: 2) A representative from the workshop will call the second emergency contact listed above. If there is no answer: 3) A representative of the workshop will contact the physician's number listed. If none of the above answer: 4) a representative from the workshop will call an ambulance, if necessary, to transport your son/daughter to a local medical facility. 5) The workshop will continue to call the parents/guardians until one is reached. I agree to assume all expenses for moving and medically treating the workshop participant. I also hereby consent to any treatment, surgery, diagnostic procedures or the administration of anesthesia, which may be carried out, based on medical judgment of the attending physician.

Parent/Guardian
Signature _____
Date: _____