



**UMaine Athletic Training High School Student Workshop**

**Saturday, October 28**

**9:30AM - 3:00PM**

**Free!**

***Release Form***

**Deadline to turn in permission slip: Monday, October 23, 2017**

**Student Name: (printed)** \_\_\_\_\_ **Age:** \_\_\_\_\_

**I hereby give consent for the above-mentioned student to engage in this activity. Should my child require emergency medical treatment, first aid, or transportation to a hospital or medical facility as a result of illness or injury associated with my child's participation in the UMaine Athletic Training High School Workshop, I consent to any such treatment, and understand that the University of Maine will not be responsible for any cost associated with any of the foregoing. I will abide by the University of Maine Code of Conduct, University of Maine rules and regulations as well as guidelines set by the Athletic Training students.**

**I CERTIFY THAT I AM 14 YEARS OF AGE OR OLDER AND THAT I HAVE READ, FULLY UNDERSTAND AND AGREE TO THE TERMS OF THIS AGREEMENT, AND I SIGN IT VOLUNTARILY WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.**

\_\_\_\_\_  
**Student Signature** **Date**

\_\_\_\_\_  
**Parent/Guardian Full Name (printed)**

\_\_\_\_\_  
**Parent's Signature** **Date**

(please complete back)



**Athletic Training High School Workshop  
University of Maine – Orono  
Registration Form**

Student Name: \_\_\_\_\_

Email: \_\_\_\_\_

Age: \_\_\_\_\_ Grade in School: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

School: \_\_\_\_\_



**EMERGENCY INFORMATION:**

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Medications: \_\_\_\_\_ Allergies: \_\_\_\_\_

\_\_\_\_\_  
Print Student Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Print Guardian Name

\_\_\_\_\_  
Guardian Signature

**\*\* Under 18 years of age requires Parental/Guardian Signature**

After completing both sides of this registration, please send to Sherrie Weeks as follows:

Sherrie Weeks EdS, ATC

5740 Lengyel Hall

University of Maine

Orono, Maine 04469

Or by scan and email to: [Sherrie.weeks@maine.edu](mailto:Sherrie.weeks@maine.edu)