

**AATA 5th Annual High School Student Meeting**

**April 28, 2017, 9:00 am- 3:30 pm**

**Arkansas Children's Hospital**

**1 Children's Way**

**Little Rock, AR 72202**

The Secondary Schools Committee along with the AATA is excited to offer the 5th Annual High School Meeting. This workshop is designed to provide students with a unique educational and networking opportunity not created in a classroom. This event is geared for the secondary school students interested in sports medicine who want to further expand their knowledge and begin building a professional network. Students will have the opportunity to network with other students who have similar career interests, experienced Certified Athletic Trainers from different settings, as well as Athletic Training Program Directors. Making these types of connections early in one's career is invaluable and will no doubt be tremendous benefit in the future. This year's program will feature a cadaver lab, concussion discussion, and ACH PT demo/ tour.

The registration form is included and is due by April 1<sup>st</sup>; however, there is a capacity limit of 120 maximum based on first come first serve. Once this cap is reached registration will close, so schools with a program should limit participants to the top 10. The registration fee is \$25 and includes admission to the meeting, t-shirt, lunch, and an AATA membership. If you are registering for a school group please mail all registration forms together. If you have any questions, please contact TJ White at [twhite@bentonschools.org](mailto:twhite@bentonschools.org) or Jackie Ross at [jdross88@att.net](mailto:jdross88@att.net). Make checks payable to AATA and send registration to:

**A.A.T.A**

**P.O. Box 23474**

**Little Rock, AR 72221**

**AATA 5th Annual High School Student Meeting**

**Registration Form**

**April 28, 2017 9:00 am - 3:30 pm**

**Member Information: (Please fill in all information)**

Name \_\_\_\_\_ School \_\_\_\_\_

Grade \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Phone # \_\_\_\_\_ Parents Phone # \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Waiver: (Needs to be signed by legal guardian)**

I, \_\_\_\_\_, am allowing my son/daughter to attend the AATA Secondary School Program on April 28<sup>th</sup> at the Arkansas Children's Hospital, in Little Rock, and hereby release the Arkansas Athletic Trainers' Association from and against any and all claims, demands, actions, complaints, suits, or other forms of liability.

Parent/Guardian Signature: \_\_\_\_\_

**Registration Payment:**

**Payment Due: \$25.00**

Included in registration is a AATA t-shirt, Box Lunch, High School Student Meeting entry, and 2017 AATA Membership. Please makes checks out to A.A.T.A. Please send registration form with \$25.00 to Jackie Ross, M AT, ATC:

A.A.T.A

P.O. Box 23474

Little Rock, AR 72221

## **Schedule April 28, 2017**

9:00-9:30 am Arrive/ Register

10:00- 12:00 pm Cadaver Dissection

12:00-1:30 Lunch (Nathan's Hot Dog Bar)

1:30- 3:00 pm Breakouts (45-50 minutes each)

1 Cadaver Pick and Play

2 ACH PT Demo/Tour

3 Concussion Discussion

3:00- 3:30 Evaluations/ Depart