



ATHLETIC TRAINING WORKSHOP 2008

CHECK IN/CHECK OUT

Check in is on July 20 from 2:00-3:00 p.m. at the residence hall. Check out will be on July 23 at 11:30 a.m. at the residence hall. Additional information will be included with your confirmation.

WHAT TO BRING

Campers should bring blankets, sheets or a sleeping bag, a pillow, a fan, towels, toiletries, and an alarm clock. Please bring casual, comfortable clothes such as shorts, t-shirts, and tennis shoes. Avoid bringing valuables, as the camp is not responsible for lost/stolen articles. Commuters should wear appropriate clothing for clinical sessions. A small amount of extra spending money is suggested.

COST

Resident (Overnight) - \$300 Commuter (Day) - \$225

The cost of the workshop includes: course instruction by NATA certified athletic trainers, housing, unlimited food at all meals, workshop notebook, textbook, t-shirt, and other educational materials. Commuters receive all the features of the resident workshop except for lodging and breakfast.

REFUND POLICY

There is a \$45 non-refundable fee for all cancellations made prior to camp. There will be no refund upon voluntary withdrawal or upon expulsion from the camps.

REGISTRATION METHODS

Please complete the attached registration form and parental authorization/release of information form. If applicable, confirmation will be sent via email within two business days of registration receipt. If email is not an option, confirmation will be sent through U.S. mail. Please call 815-753-5300 or email sportscamps@niu.edu with questions regarding registration, cancellation or general inquiries. For specific questions about the athletic training workshop, call 815-753-0211.

NIU Huskie Sports Camps
219 Convocation Center
DeKalb, IL 60115

Phone: 815-753-5300
E-mail: sportscamps@niu.edu

**ONLINE REGISTRATION IS AVAILABLE AT:
WWW.NIUHUSKIES.COM**

ABOUT THE WORKSHOP

The workshop will introduce the students to the fundamentals of athletic training; including standard and preventative care for athletic injuries.

WHO IS ELIGIBLE

Current high school students are eligible.

HOUSING AND FOOD

All resident campers will be housed and fed on campus at Northern Illinois University. All efforts will be made to meet roommate preferences. Campers who list each other as roommates will be roomed together. In case of unavailability, roommates will be assigned based on age (floors are single sex, not coed). Rooming lists will not be available prior to check-in. Commuters receive all the features of the resident camp with the exception of lodging and breakfast.

LOCATION

All workshop activities will be held in the Convocation Center, Huskie Stadium, and Stevenson Hall.

INSURANCE AND MEDICAL CARE

A member of the NIU Athletic Training Staff will be on call during camp activity sessions.

A Parental Authorization/Medical Form is included and **must** be returned with the registration form. All insurance information **must** be complete or the camper **will not** participate. **All participants must have proof of medical insurance.** Campers who do not have insurance will be responsible for all medical payments.



NON PROFIT
U.S. POSTAGE PAID
NORTHERN ILLINOIS
UNIVERSITY

NIU Athletic Training Camp
Northern Illinois University
219 Convocation Center
DeKalb, Illinois 60115



NIU

NORTHERN ILLINOIS UNIVERSITY

ATHLETIC TRAINING WORKSHOP

JULY 20-23, 2008



OFFICIAL HUSKIE SPORTSCAMP
www.niuhuskies.com



2008 Athletic Training Workshop
Registration Form

Camper's Name _____
 Parental Contact _____
 Street Address _____
 City _____ State _____ Zip _____
 Home Ph _____ Day Ph _____
 Parent's Email _____
 Grade Completed by **June '08** _____ **Age** _____
 Male Female
 Adult T-shirt Size: S M L XL
 School Attending _____
 Roommate Preference _____

Camp Options: July 20-23

Resident (Overnight) **Commuter** (Day)

Check Early bird / full payment by July 8

One: (Resident: \$270, Commuter: \$203)

OR \$45 non refundable deposit
(remaining balance due by July 8)

OR Registration fee after July 8
(Resident: \$300, Commuter: \$225)

OR NIU Employee Discount
(Resident: \$270, Commuter: \$203)

Please enclose special accessibility accommodation request(s).

Total Amount \$ _____ (Make checks payable to NIU)

Mail to: NIU Huskie Sports Camps
219 Convocation Center
DeKalb, IL 60115

To pay with a credit card and access the EZ Online Payment Plan, please register online at: www.niuhuskies.com

2007 ATHLETIC TRAINING WORKSHOP PARENTAL AUTHORIZATION / MEDICAL FORM

**CONSENT TO TREATMENT
LIMITATION AND WAIVER OF LIABILITY**

In partial consideration of our child's acceptance into the Northern Illinois Athletic Training Workshop I/we as parents of

Camper's Name _____

do hereby agree to limit the liability of the Northern Illinois University Sports Camps, Northern Illinois University, its employees, agents, officers, staff and physicians, to the coverage of the medical insurance policy covering participants in the Northern Illinois University Sports Camps as explained in this brochure, which we have read and understand. I/we further agree to waive all liability, except for loss caused by gross negligence, of the Northern Illinois University Sports Camps, the Board of Trustees of Northern Illinois University, its employees, agents, officers, staff and physicians, for any accident, injury (including death), illness or other mishap which might befall the above-named camper while traveling to or from, or during his/her attendance at the Northern Illinois University Sports Camps, which is not covered by said medical insurance policy.

Further, I/we hereby grant permission to the staff and physicians of Northern Illinois University, and medical or surgical consultant deemed advisable, and any hospital to render to the above-named camper any medical and surgical treatment that they deem necessary. I/we understand that all possible effort will be made to inform me/us in case of such treatment.

This health history is correct to the best of my/our knowledge and my/our son/daughter has my/our permission to participate in camp activities with the exception of those noted under physical restrictions.

I authorize Kishwaukee Community Hospital, University Health Service and the DeKalb Clinic to release medical information regarding the above named participant to interested parties including parents and family physician.

PARENT OR LEGAL GUARDIAN'S NAME (printed)

SIGNATURE

DATE

PHONE: Day

PHONE: Emergency

PHONE: Cell

CAMPER'S HEALTH FORM - REQUIRED

To be completed by camper's parent or legal guardian.

CIRCLE YES/NO/NONE OR ENTER INFORMATION
ALL INFORMATION MUST BE COMPLETED IN ORDER TO PARTICIPATE IN THE CAMP.

YES/NO Asthma YES/NO Convulsions/Seizures

YES/NO Heart Disease YES/NO Bleeding Disorders

YES/NO Diabetes YES/NO Rheumatic Fever

YES/NO Head Injury/Concussions

Allergies To Drugs / NONE _____

Allergies To Foods / NONE _____

Current Medications / NONE _____

Chronic Or Recurring Illnesses / NONE _____

Operations/Injuries (including dates) / NONE _____

Physical Restrictions / NONE _____

Physician Name _____

Physician Telephone _____

Camper's Date of Birth ____/____/____

INSURANCE INFORMATION - REQUIRED
(MUST ATTACH COPY OF INSURANCE CARD)

Insured Name _____

Name of Company _____

Address _____

Policy Number _____

Phone Number _____

A doctor's release must be attached if camper is recovering from a recent illness or injury, or if he/she will be participating with a cast of splint.

DAILY SCHEDULE

Day 1	2:00 PM - 3:00 PM 3:00 PM - 9:00 PM	Check-in and welcome Workshop sessions (including dinner)
Day 2 / 3	8:00 AM - 9:00 PM	Workshop sessions (breakfast*, lunch and dinner provided) *Excluding commuters
Day 4	8:00 AM - 11:30 AM	Workshop sessions and Check-out (breakfast only)

WHAT CAN STUDENTS EXPECT?

- Information about the NATA (National Athletic Trainer's Association)
- Classes taught by NATA Certified Athletic Trainers.
- Demonstrations of basic taping techniques and splinting methods.
- Detailed discussions of human anatomy; including interaction of muscle, bone structures, and cadaver laboratory experience.
- Demonstrations on injury prevention, treatment, and rehabilitation.
- Hands-on laboratory experience.
- Cadaver laboratory experience.
- Opportunity to meet other students interested in athletic training.

**PHIL VOORHIS
HEAD ATHLETIC TRAINER**

Phil was inducted into the Illinois Trainers Hall of Fame. Phil has been involved in more than half of the twenty-five Athletic Training Camps hosted by NIU in the past. He came to NIU in 1989 and assisted with his first camp in 1990. "I feel that the base and support for hosting this camp is tremendous. With our accredited CAAHEP undergraduate program and resources available to us in the Northern Illinois region, I feel the staff that I have assembled will truly help portray the realism and professionalism of the field of athletic training."

