

INFORMATION

Dates: *Monday, July 14th -
Friday, July 18th*

Times: *Monday - Thursday
8:00am - 2:00pm
Friday
8:00am - 11:00am*

Place: *Blessed Trinity Catholic
High School
Jessica Turner
Memorial Field House*

Cost: *\$170 per participant*

Participants: *Rising 5th
through 12th grades*

Directions: SR 400 to exit 7B west towards Roswell. Take a left at the light onto Westwind Blvd. (Home Depot is on the left). Follow Westwind Blvd. until you see the school on the right. Turn right at stop sign to enter the main drive (horseshoe). Jessica Turner Memorial Field House is the 1st building on the right past the lacrosse / football practice field. 11320 Woodstock Road, Roswell, Georgia 30075.

WHAT TO BRING

- Comfortable Athletic Clothing and Shoes.
- Bag Lunch

CAMP CURRICULUM

Participants will be introduced to the profession of Athletic Training and Sports Medicine. Topics to be covered include but are not limited to the following: educational path to become a certified athletic trainer, career opportunities and work settings, American Red Cross CPR, AED & First Aid certification, entry level taping, basic splinting & bracing, managing heat illnesses, hydration, skin diseases, common conditions, illnesses and infections, and concussion recognition and management.

STAFF

Preston Bazemore: MS, ATC, LAT
Blessed Trinity Catholic High School
Head Certified Athletic Trainer

Guest Speakers

Current members of the Blessed Trinity Athletic Training and Sports Medicine Program

Questions: Contact Preston Bazemore
Office: 770-255-5142
Email: pbazemore@btcatholic.org

APPLICATION

Name _____

Address _____

City _____ Zip _____

Age _____ Grade Entering _____

Parents Name _____

Home Phone _____

Work Phone _____

Cell Number _____

Email _____

Enclosed is my check for:
Athletic Training & Sports Medicine Camp
(\$170) payment in full

Please make check payable to: Blessed Trinity
Return application and fee to:
Preston Bazemore, Blessed Trinity CHS
11320 Woodstock Rd. Roswell Rd. 30075

Indicate t-shirt size:

Youth: ___ S ___ M ___ L

Adult: ___ S ___ M ___ L ___ XL

RELEASE AND WAIVER OF LIABILITY

PLEASE READ CAREFULLY AND SIGN THE FOLLOWING STATEMENT:

I hereby authorize the Titan Athletic Training and Sports Medicine Camp to act for me in the event of a serious emergency (requiring medical attention), and I hereby waive and release the Titan Camp and its directors from any and all liability for injuries and illness incurred while attending camp. In addition, I certify that my child is in good health and is able to participate in all program activities. Furthermore, in the event of any emergency requiring medical attention, I shall pay for the services rendered. I understand my child may be photographed at camp.

_____/_____
Signature of Parent/Guardian (ink only) Date



**Blessed Trinity Catholic High School
11320 Woodstock Road
Roswell, GA 30075**

2014 Blessed Trinity Athletic Training & Sports Medicine Camp



Titan Athletic Training and Sports Medicine Camp

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Monday thru Friday
Rising 5th thru 12th Grade**