



2016 Sports Medicine Workshop
Registration Form

Student Name: School:

Age: Sex: M F Date of Birth: T-Shirt Size: S M L XL

Address: City: State: Zip:

Please choose only one: I will be attending CPR Certification: YES NO
I will be attending upper extremity rehab: YES NO

Student Contact Information

Phone: Grade: E-Mail:

Refund Policy: I understand that I cannot receive a refund within 30 days of the workshop. I also understand that by requesting a refund I am accepting a \$20 non-refundable administrative fee.
Special Assistance: Persons requiring special assistance should contact the Workshop Director at least two weeks prior to the start of the workshop. Please address any food allergies as well.
Medical Release & Wavier:

I, the undersigned and as the parent/guardian of (please print child's name) (student/minor) hereby agree that my child may participate in the Knoxville Orthopaedic Clinic Sports Medicine Workshop (KOC-SMW). I agree on behalf of the above named child to release, discharge, and hold harmless KOC-SMW its agents, servants, and employees from any and all claims, and to demands, rights of action or causes of action, present or future, whether the same be known, anticipated or unanticipated, resulting from or arising out of participation in this event. I also authorize in advance any necessary medical treatment required by the above named child while in attendance of this workshop. I acknowledge that I have notified the Workshop Director as to any special needs the above named child may require. I acknowledge that all workshop rules and regulations must be followed by the above named child or they may notify me to pick up the above named child from the workshop with no refund. I also give my permission for my child's photograph to appear in future workshop promotional material. I understand that KOC-SMW will not be responsible for any parking related issue that may occur on the University of Tennessee Campus while my child attends this workshop.

Parent/Guardian Signature Date

Emergency Contact Information

Name: Relationship:

Home #: Work #: Cell #:

*Please return completed registration form and payment of \$90 to:

Knoxville Orthopaedic Clinic
Michelle Hansard, ATC
Director of Sports Medicine Outreach
Workshop Registration
1422 Old Weisgarber Rd. Knoxville, TN. 37909