

Dear Parent or Legal Guardian,

This is an informational letter regarding the Hawai'i Athletic Trainers' Association (HATA) Student Athletic Trainer Workshop to be held May 12th and 13th, 2017. The workshop will take place at University of Hawaii Manoa, John A. Burns School of Medicine (JABSOM), and Kalani High School. The instructors are certified athletic trainers (ATCs), allied healthcare and fitness professionals associated with HATA. The workshop is \$25.00 per student with all remaining costs and services being provided through donations, volunteers, and HATA. Upon completion of the workshop, your child will have gained introductory knowledge of the prevention, care, treatment, and rehabilitation of athletic injuries, as well as an understanding of various roles involved with a sports medicine team.

5/12/2017 Day 1 of Student Workshop
5:30pm Meet at Stan Sheriff Parking (#19 pictured)/Check-in
7:30pm Pick up (#19 pictured)

5/13/2017 Day 2 of Student Workshop
9am Meet at JABSOM/Check-in
3:30pm Pick up at Kalani HS Gym



If there is a conflict and your child will be leaving the event at any time, the Early Leave form, included in this packet, must be completed and submitted along with the Permission to Initiate Care form. This will enable us to notify staff when student(s) will be missing, and if/when the student(s) will be returning. Meal(s)* and refreshments will be provided.

*Please note any food allergies in application

Enclosed are the forms to be submitted for participation:

- 1) Workshop Registration/Liability Form
- 2) Permission to Initiate Care Form
- 3) Parent Authorization for Student Travel
- 4) Early Leave Form

Each of these forms must be completed and received by Wednesday, May 10th, 2017. All information will be kept confidential and only used in the event of an emergency. Your cooperation in filling out this form completely is appreciated. If you need to reach your child during the scheduled hours of the workshop or if you have any questions or concerns regarding the workshop, please feel free to contact Maia Miller at (cell): 954-5951 or (email): mmiller@ahct.k12.hi.us

**HAWAII ATHLETIC TRAINERS' ASSOCIATION
STUDENT ATHLETIC TRAINER WORKSHOP
MAY 12, and 13 2017
UH Manoa, JABSOM, and KALANI HIGH SCHOOL
Honolulu, Hawaii**

GOAL: To introduce high school students to basic concepts of athletic training, including valuable career information and techniques. The main emphasis of the workshop will be basic anatomy, fundamental taping techniques, various training and conditioning practices, and an introduction to sport-related skills as they are related to common athletic injuries.

COST: \$25/person. The **deadline is: Wednesday, May 10, 2017.**

Return to: Maia Miller, ATC
56-490 Kamehameha Hwy, Kahuku, HI 96731

or Your School's Athletic Trainer(s)

Deadline: Wednesday, May 10, 2017 Make checks payable to H.A.T.A. Please print legibly.

Name _____ Male or Female T-Shirt Size: S M L XL XXL

(circle one)

(circle one)

Address _____

Phone Number(s) _____ High school attending _____

Email address: _____

Any known allergies, medications, or medical conditions:

I acknowledge and give permission for my child to attend the HATA Student Athletic Trainer Workshop. I understand the inherent risks of traveling by bus, visiting working healthcare facilities, and participating in athletic activities in a pool or on dry land. I assume the risks as our own and release the hired bus company, the Hawaii Athletic Trainers' Association, the Department of Education, and any of its agents or volunteers from any liability incurred from my child's attendance in the HATA Student Athletic Trainer Workshop.

Parent/Guardian Signature _____
(Required if attendee is under 18 years of age)

Please contact Maia Miller (954-5951 or mmiller@ahct.k12.hi.us) should you have any questions or concerns.

PERMISSION TO INITIATE CARE FORM

Emergency Information:

Student's Name _____ Home Telephone _____

Father's/Guardian's Name _____ Bus/Cell Phone _____

Mother's/Guardian's Name _____ Bus/Cell Phone _____

Known Medical conditions (allergies, prescription medication, etc.): _____

Should the listed student become ill or incurs an injury during the workshop and a parent/guardian cannot be contacted, the workshop coordinators have my permission to release the student to the custody of any of the following persons:

<u>Name</u>	<u>Relationship</u>	<u>Phone(s)</u>
1. _____	_____	_____
2. _____	_____	_____

MEDICAL INSURANCE COVERAGE

_____ My child has medical coverage with: _____
(Name of plan, e.g., HMSA, Kaiser, Military, etc.)

_____ My child is NOT covered by any medical insurance plan.

Note: If a child is not covered by medical insurance, special arrangements must be made to purchase trip insurance.

I HEREBY give permission for my son/daughter, _____ to undergo medical treatment for any injury or illness he/she may sustain or acquire while participating in the HATA Student Athletic Trainer Workshop. I understand that the personnel of said workshop will perform only those procedures that are within their training, credentials, and scope of professional practice to prevent, and care for injuries and illnesses. In the event that more serious medical procedures are required, such as surgery or other invasive procedures, I understand that attempts will be made to contact me for my consent. I understand that if my child suffers a potentially life-threatening injury or illness, and in the event that I am unable to be contacted within a reasonable period of time, that I authorize any duly licensed medical practitioner to perform such procedures as may be medically necessary to alleviate the problem.

Having understood the above agreement, I freely sign this Permission to Initiate Care Form.

Parent/Guardian Signature

Date

PARENT AUTHORIZATION FOR STUDENT TRAVEL

(To be completed by Parent/Guardian)

This completed form and payment (if applicable) are due on or before: Wednesday, May 10, 2017.

Dear Parents:

Permission is requested for your child to participate in the following activity on May 13th, 2017:

John A. Burns School of Medicine (JABSOM): Cadaver Laboratory/Kalani High School Pool Activities

Mode of Transportation: Bus (provided)

Name of Student: _____

Check as appropriate:

___ My son/daughter has permission to attend the above activity.

___ My son/daughter does **NOT** have permission to attend the above activity.

We (I) grant permission for said student to participate in the planned activities of the travel, and to travel by bus as required from JABSOM to Kalani High School. I release the Hawaii Athletic Trainers' Association, the State of Hawaii, and any individuals or volunteers of these organizations and this workshop from liability resulting from the use of other than school vehicles.

In the case of illness or injury to said student, we (I) hereby consent to and authorize such medical or dental treatment as deemed necessary, and agree to pay for such medical and dental costs if incurred.

Print or Type Parent's/Guardian's Name Parent's/Guardian's Signature Date

EARLY LEAVE FORM

<u>Date</u>	<u>Time Leaving & Returning</u>	<u>Person Picking-up/returning student</u>
1. _____		
2. _____		

___ My son/daughter is NOT permitted to leave the campus at any time during the workshop except for scheduled field trips which will include visits to John A. Burns School of Medicine and Kalani High School.

Student Name (print name) Parent Name (print name)

Student Signature Date Parent Signature Date

JABSOM
ASSUMPTION OF RISK AND RELEASE

I, the undersigned wish to attend the workshop being held at the Kaka’ako Biosciences Building of the John A. Burns School of Medicine ("Facility"). I understand that attendance in the course at the Facility may expose me to a variety of hazards and risks, foreseen or unforeseen. I assume all the risks in connection with the use of cadaver dissecting tools and equipment which may include but are not limited to lacerations, abrasions and bruises and understand that I could be exposed to bodily injury despite being provided protective clothing and shielding. I also understand that activities in a gross anatomy laboratory could expose me to an increase in formaldehyde and other embalming chemical levels above normal which may result in skin irritation, dizziness or nausea.

I acknowledge that it is my responsibility to know my general state of health and to know whether I have any medical condition which makes my use of the Facility inadvisable. I acknowledge that it is recommended that I determine whether I have adequate insurance or protection in case of any injury resulting from my use of the Facility. I understand that the JABSOM or the University of Hawaii does not provide health insurance or otherwise indemnify individuals with respect to injuries or other liabilities arising out of use of the Facility.

In consideration of being permitted to utilize the Facility and in full recognition and appreciation of the dangers and hazards inherent in the use of the Facility and equipment, I voluntarily assume full responsibility for any loss, property damage or personal injury, including death, which may be sustained as a result of my use of the Facility. Further, I, for myself, my heirs, personal representatives, or assigns, do hereby release, waive, discharge and covenant not to sue JABSOM, the University of Hawaii, RCUH, their officers, employees and agents from any and all claims resulting in property damage or personal injury or illness or death arising from my use of the Facility, the inherent risks in the use of the Facility or growing out of or caused by my acts or omissions during my use of the Facility.

I agree that if any portion is held invalid, the remainder will continue in full force and effect.

I have read this Assumption of Risk and Release and I understand that I am giving up substantial rights, including the right to sue. I acknowledge that I am signing this agreement freely and voluntarily. Any translation of this document into a language other than English is for informational purposes only, and I understand that I am bound by the English version of this release.

Signature (student) _____ Date _____

Printed Name _____

Signature (Parent/Guardian) _____ Date _____

Printed Name _____

ANATOMY LABORATORY RULES:

Please be aware that this experience is made possible by those who donated their bodies for education. Make the most of this unique opportunity and always conduct yourself in a manner that exudes the utmost respect for the cadavers.

1. No food or drink allowed in the lab.
2. The anatomy lab is a restricted area. No visitors are allowed without written authorization from the Lab Director, Chris Stickley.
3. No open-toed shoes, sandals or high heels are allowed in the lab.
4. Please turn cell phones off before entering the lab.
5. No cameras or video recorders of any kind are allowed in the anatomy lab.
6. All injuries need to be reported to the Instructor or Steven immediately.
7. No one will be allowed into the anatomy lab without signing a release form.

The lab experience can, and will, be stopped if any student acts in an unsafe or inappropriate manner. **It is possible for one person to halt this valuable learning experience for an entire group.**

The HATA Student Athletic Trainer Workshop is a 2-day event. Students are expected to conduct themselves in a manner that represents her or his family, school, and self.

The only rules we have at our workshop are that you honor and respect the chaperones, instructors, fellow participants, and yourself.

Our goal is to introduce you to basic concepts of athletic training as well as provide some valuable career information about this profession and other professions in the allied health care field. We will be presenting topics such as cardiopulmonary resuscitation, emergency procedures, basic anatomy, and taping techniques - through lectures, question and answer discussions, handouts, and hands-on formats. In conjunction, it is our hope that as you learn these things, you might also build new friendships and renew old friendships.

Extra items you should bring:

Swimming clothes, towels, sunscreen, toiletries, exercise clothes, tennis shoes.

Everything else will be provided. Please leave all valuables at home. The workshop staff will not be responsible for any lost, stolen or damaged items. Cameras are welcome, but will not be allowed during the visit to the School of Medicine (JABSOM).