

OKLAHOMA ATHLETIC TRAINING CLINIC FOR BASIC AND ADVANCED ATHLETIC MEDICINE STUDIES JUNE 27-29, 2011



INTRODUCTION

Sports Medicine is one of the fastest growing disciplines of health care, and today there is a sincere interest in sports and sports injuries. Do not pass up this opportunity to receive the latest and most up to date approach to care & prevention and rehabilitation of athletic injuries.

Plan now to attend the 2011 Oklahoma Athletic Training Clinic. This is our 28th year in conducting this Clinic as thousands of high school students across the country have enjoyed and benefited from its professional staff.

Many of our students have had the privilege to go to major universities as student athletic trainers and are working in one of the many professions related to sports medicine and athletic training.

You will have the opportunity to develop skills in evaluation and treatment of common athletic injuries through lectures and demonstrations in one of the nation's finest athletic facilities. Ample time will be devoted to development of practical taping skills.

The **Basic** level is for students who have had very little experience and have never attended our Clinic.

The **Advanced** level is designed for those students who have attended our Clinic previously or who have had previous experience as an athletic trainer and hope to broaden their educational scope of athletic training. High School Coaches and Faculty members are classified as "Advanced".

SELECTED TOPICS

- Head and Neck Injury
- Abdominal Injury
- Heat Stress
- Practical Taping Skills
- Emergency Management
- Nutrition
- Muscle Injury
- Practical Simulations
- Ankle Injury
- Shoulder Injury
- Knee Injury
- Rehabilitation
- Elbow Injury
- Hand Injury
- Evaluation and Treatment
- Athletic Training Career Options

WHERE

All sessions will take place in the Barry Switzer Center in the Gaylord Oklahoma Memorial Stadium. Housing and meals will be provided on campus.

HOUSING (for boarders)

All participants will be housed in an air-conditioned residence hall on the main campus. Two students will be assigned per room. Room keys will be issued during the check-in period and will require a **\$20.00 Deposit** at the time of issue. The deposit is refunded when the key is returned. Boarders must provide their own linens, light blanket, single bed sheets, pillow, and towel. Personal phone usage for camp participants can be accommodated by 1) use of personal cell phones, 2) use of phones on each wing for local calls or with pre-paid calling cards for long distance, and/or 3) use of pay phones in the lobbies with calling cards or money.

MEALS

Meals will be served cafeteria-style in the air-conditioned Couch Center Cafeteria. The fee for commuters includes two meals per day (lunch and dinner). Meals are planned by an experienced dietician and prepared by University cooks.

ARRIVAL/DEPARTURE INFORMATION

Participants should report to the east entrance to the Barry Switzer Center, between 9:30 and 11:00am on Monday, June 27th; a Stadium map is available at http://grfx.cstv.com/photos/schools/okla/genrel/auto_pdf/2008_memorial_stadium_gates.pdf. During the check-in period cars may be parked in lots east of the Stadium. Departure time will be 3:00pm, Wednesday, June 29th. Boarders will check out from the dorm. Please make arrangement to have your camper met and picked-up at that time.

REGISTRATION ENROLLMENT INFORMATION

You must pre-register by completing the registration page in this brochure. The full fee of \$260 for commuters or \$290 for boarders must accompany your registration. Your registration will be acknowledged via e-mail. **If you are unable to attend, your full fee will be refunded upon receipt of prior written request for refund. No refunds will be accommodated as of June 27th, 2011!**

To register, complete the registration page in the brochure and enclose a check for the registration fee, payable to **OKLAHOMA ATHLETIC TRAINING CLINIC LLC**. Attach the check to the form and mail to: Oklahoma Athletic Training Clinic, 180 W. Brooks, Norman, OK 73019. Mail early! Deadline for registration is June 27, 2011. **Anyone that might register late must call in advance so we can make preparations for your arrival.**



OKLAHOMA ATHLETIC TRAINING CLINIC STAFF

SCOTT ANDERSON, ATC

Head Athletic Trainer, University of Oklahoma

Scott was a student athletic trainer at the University of Oklahoma under legendary Sooner Head Athletic Trainer Ken Rawlinson. From 1980 to 1987 he was Assistant Athletic Trainer at the University of Oklahoma. Scott served as the Head Athletic Trainer at Tulane University in New Orleans, LA from 1987 to 1996, when he accepted the offer to return to the University of Oklahoma as Head Athletic Trainer.

ANITA CLARK, ATC

Assistant Athletic Trainer, University of Oklahoma

Anita received her bachelors and masters degrees from Auburn University and attended the graduate program in athletic injuries at Indiana State University. Additionally, she completed a master's degree in counseling at the University of Oklahoma. Anita served as the Head Athletic Trainer at Notasulga High School in Alabama for four years before coming to the University of Oklahoma as an Assistant Athletic Trainer in 1982. A Certified member of the National Athletic Trainers' Association, Anita is a recipient of the 1997 National Athletic Trainers' Association Service Award and the 1999 Most Distinguished Athletic Trainer Award.

ALEX BROWN, ATC

Assistant Athletic Trainer, University of Oklahoma

Alex is a graduate of Appalachian State University. He joined the staff at the University of Oklahoma after seven years as Head Athletic Trainer at East Central University. Alex was a member of the U.S. Olympic Medical Staff at the Pan Am Games in Cuba in 1991, and Athletic Trainer for the 1993 U.S.A. Basketball 22-and-under World Championships in Spain. In 1994, he worked with the World Cup Soccer Team during a trip to Trinidad and Jamaica. Alex is a past President of the Oklahoma Athletic Trainers' Association and a member of the OATA Hall of Fame.

JIM HILLIS, ATC, RPT

Coordinator of Rehabilitation, University of Oklahoma

A Registered Physical Therapist and Certified Athletic Trainer, Jim commenced his tenure with the University of Oklahoma in June 30000. Jim obtained his physical therapy degree from the University of Oklahoma in 1985. He has worked with athletes at all levels of competition – USA Basketball, Pan American Games, the United States Olympic Center, College, and High School. A past President, Vice President, and Secretary of the Oklahoma Athletic Trainers' Association, Jim has also served as a clinical instructor for the University of Oklahoma Physical Therapy School.

ROBERT FULTON, ATC

Assistant Athletic Trainer, University of Oklahoma

Robert worked as a student athletic trainer at West Texas A&M University from 1998 until 2000, while earning a bachelor's degree in Sports and Exercise Science. He obtained a master's degree in Sports Management in 2004 from the University of Oklahoma. Robert provides primary medical coverage for Baseball as well as the supervision of Tennis. Robert is a certified member of the National Athletic Trainers' Association, licensed by the Texas Advisor Board of Athletic Trainers', and a member of the Oklahoma Athletic Trainers' Association.

CAROLYNN LOON, ATC

Assistant Athletic Trainer, University of Oklahoma

A graduate of The Ohio State University, Carolynn earned her Masters degree in Exercise and Movement Science from the University of Oregon. Carolynn then moved to American University where she worked as an Assistant Athletic Trainer for four years. In September of 2005, Carolynn became a part of OU's medical staff, providing medical coverage for the Women's Basketball, Softball and Tennis programs. Carolynn is a Certified member of the National

Athletic Trainers' Association and is a licensed member of the Oklahoma Athletic Trainers' Association.

JENNIFER CAPPUZZO, ATC

Assistant Athletic Trainer, University of Oklahoma

Originally from Hamburg, New York, Jennifer began her career by earning her bachelor's degree in athletic training from West Virginia University followed by a Master of Arts degree in Health Studies/ Sports Medicine Health Care from The University of Alabama. From Alabama, she was an athletic trainer for St. Mary's College of California. In 2002, Jennifer moved to Athens, GA where she spent the next four years working at The University of Georgia, including the 2005 and 2006 national championship Women's Gymnastics team. In 2006, Jennifer joined the Sooners as Assistant Athletic Trainer with responsibility for Women's and Men's Gymnastics. In addition to being a Certified Athletic Trainer, Jennifer is also a CPR and First Aid Instructor Certified.

CHRIS WATSON ATC

Assistant Athletic Trainer, University of Oklahoma

Chris Watson, a native of Oklahoma City, attended Sterling College. Chris then completed a sports medicine internship with Auburn University football. After the internship Chris worked for McBride Clinic, Inc. in Oklahoma City as a clinical athletic trainer followed by a graduate assistantship for the University of Oklahoma. Chris is a Certified member of the National Athletic Trainers' Association, a licensed member of the Oklahoma Athletic Trainers' Association, and currently provides coverage for OU's Wrestling team.

KRISTY SMITH ATC, CSCS

Assistant Athletic Trainer, University of Oklahoma

Kristy joins the Sooners from serving as an Assistant Athletic Trainer for the University of Toledo, working directly with their women's soccer team. A native of Las Vegas, she was a Graduate Assistant Athletic Trainer for the University of North Carolina at Greensboro after completing her undergraduate at Chapman University in Orange, California. Her experience in soccer extends outside the collegiate ranks as she has worked with the Region IV Olympic Development Soccer Program since 2006. In addition to her being a Certified Athletic Trainer, Kristy is also certified by the National Strength & Conditioning Association.

BROCK SCHNEBEL, MD

Head Team Physician, University of Oklahoma

Dr. Schnebel serves as the Head Team Physician for the University of Oklahoma and is an orthopedic surgeon at McBride Clinic and Bone & Joint Hospital. He has served on the medical staff at the 1996 Olympic Games, the 1994 and 1998 Goodwill Games, the 1991 World University Games, and the 1991 US Olympic Festival, and as the Head Team Physician at the 2000 Olympic Games in Sydney, Australia.

DON MCGINNIS, MD

Orthopedic Surgeon, University of Oklahoma

Dr. McGinnis is a Clinical Instructor and the Director of the Division of Sports Medicine at the University of Oklahoma Health Sciences Center. He currently serves as team physician for the US Snowboarding Team.

FOR ADDITIONAL INFORMATION, CONTACT:

SCOTT ANDERSON, ATC
180 WEST BROOKS
NORMAN, OK 73019
(405) 325-8332

e-mail: sanderson@ou.edu

EMERGENCY CONTACT DURING THE CLINIC:

SCOTT ANDERSON, ATC
(405) 249-5907

Registration (complete and mail)

Oklahoma Athletic Training Clinic LLC, 180 West Brooks, Norman, OK 73019

PLEASE MAKE ALL CHECKS PAYABLE TO: Oklahoma Athletic Training Clinic LLC



I wish to enroll for the Oklahoma Athletic Training Clinic as a:

- Commuter \$260 fee (includes two meals per day, lunch and dinner)
 Boarder \$290 fee (includes room and three meals per day)

(Please Print)

Name _____
Last First

Mailing Address _____
Street City State Zip

Home Telephone _____ Date of Birth _____ School Affiliation _____

Have you ever played a high school varsity sport? _____ Have you won an athletic letter since entering the 9th grade? _____

What is your grade level for Fall 2011? _____

e-mail address _____ o Male o Female o Beginner o Advanced o Coach/Faculty

Registration deadline is June 27, 2011

Registration confirmation will be sent via e-mail

Roommate preference _____
(We cannot guarantee roommate selection)

Medical Information

Name of Camper _____

Chronic Illnesses _____

Date of last Tetanus _____

Allergies _____

Medications _____

Social Security Number _____

Birthdate _____

Medical Insurance Policy/Company: _____

Policy Number: _____

Name & Address of Parent and/or legal guardian _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

In case of emergency if parent or guardian cannot be reached, contact _____ Phone _____

I hereby give my consent and authorize the Oklahoma Athletic Training Clinic LLC, the University of Oklahoma and their agents, representatives and employees to secure emergency medical treatment while in attendance at the Oklahoma Athletic Training Clinic.

Parent/Legal Guardian Signature

Date

ACKNOWLEDGEMENT AND ASSUMPTION OF RISK AND RELEASE

The Oklahoma Athletic Training Clinic LLC is operated as an individual enterprise and is not owned, sponsored, or operated by the University of Oklahoma.

I recognize and acknowledge potential risk and dangers involved in participation in the Oklahoma Athletic Training Clinic and all activities related to the camp. With regard to physical activity, I am aware that there is inherent danger and risk of injury. I am also aware that many of these injuries may be serious and may include, without limitation, damages to joints, ligaments, muscles, bones, neck, spine, and other parts of the body.

Further, I am aware that activities related to the camp will involve the use of certain equipment. I am aware that such equipment in no way guarantees my safety from injury. Additionally, said equipment must be used in a proper manner; therefore, I will follow any and all instructions related to the use of equipment including those instructions provided by the manufacturer, equipment personnel, and coaches.

My participation in the above events and in all activities related to the above events is a voluntary act with full and complete knowledge of the risks involved. I hereby voluntarily assume all such risks associated with my participation in the above events. Additionally, I agree to exonerate, save, indemnify, and hold harmless the Oklahoma Athletic Training Clinic LLC, its owners, employees, and volunteers; the University of Oklahoma, its officers, agents, and employees – including without limitation, equipment personnel, and physicians and other practitioners of the healing arts – from any and all liability claims, causes of action, or demands of any kind and nature whatsoever, including without limitation personal injury which may arise from or in connection with my participation in any activities related to the camp.

The terms hereof shall serve as a release and assumption of risk for me, my parents, guardian, my heirs, estate, executor, administrator, assignees, and all members of my family. I have read and understand this acknowledgment and release and execute it as a free and voluntary act. Further, this acknowledgement and release is contractual and not a mere recital.

Participant Signature

Name Printed

Date

Parent/Guardian Signature

Name Printed

Date



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