

Athletic Training Student Permission Form

I give my permission for my son/daughter to participate as an Athletic Training Student in the Oley Valley School District. The Athletic Training Student program is designed for students who wish to pursue a career in the field of sports medicine or any allied health profession. Our goal is that athletic training students will receive a knowledge base involving sports injuries, basic first aid treatment, and basic athletic training principles. At no time will athletic training students be allowed to perform athletic training services.

If you have any questions please feel free to call the athletic office.

Please return the form signed and dated.

Athletic Training Student (print) _____

Athletic Training Student (signature) _____

Parents Signature _____ Date: _____

Athletic Directors approval _____ Date: _____