

Sponsored by:
Brooks Memorial Hospital
Lakeshore Orthopedic Group
Northern Chautauqua
Community Foundation

**ATHLETIC INJURY
PREVENTION
WORKSHOP**

REGISTRATION FORM

Saturday, October 28th
8:30_{am} – 12:00_{pm}
DUNKIRK HIGH SCHOOL
320 Marauder Drive
Dunkirk, NY 14048

1. Full Name: _____

Phone Number: _____

E-Mail Address: _____

Mailing Address: _____

City: _____ Zip: _____

2. Please check the box that pertains to you:

Student Athlete Coach Parent School Administrator Other _____

3. If you are a student, what grade are you in? *If no, skip down to the next question

Current Grade: _____ Current Sport: _____

4. What sports do you participate in:

Baseball / Softball Track & Field
 Basketball Wrestling
 Football Other: _____
 Soccer

Signature: _____

If Minor; Parent/Guardian Signature _____

RETURN COMPLETED FORM TO:

Cleon Clayton
Sports Medicine Department
529 Central Ave.
Dunkirk, NY 14048
cclayton@brookshospital.org
Fax: 363-3091

Questions? Call 363-3029