

2010 Coach Wootten's Basketball Camp Medical Staff Application
Please indicate the session (s) that you wish to work:

**Coach Wootten's Basketball Overnight Camp at Frostburg State University,
Frostburg MD:**

Week # 1 June 20-24 _____ Boy's Camp
Week # 2 June 27- July 1 _____ Boy's Camp
Week # 3 July 5-9 _____ Girl's Camp
Week # 4 July 1-15 _____ Boy's Camp
Week # 5 July 18-22 _____ Boy's Camp

Please Print:

Name: _____ Social Security # _____
Address: _____ City: _____
State: _____ Zip: _____ Home Phone: _____
Work Phone: _____ School: _____
Email Address: _____

Please Circle One:

College Student Athletic Training Student Certified Athletic Trainer

Are you currently practicing or enrolled in an accredited athletic training program ? Yes or No

At what level are you currently practicing?

REC AAU Middle School High School College

Please submit a copy of your:

- a) CPR/ First Aide Card
- b) Liability insurance
- c) BOC Certification Card

Please return applications to:

Coach Wootten's Basketball Camp
330 Ayr Hill Ave. NE
Vienna, VA 22180-4725