

Rockwood and Spokane Public Schools Present the  
**HIGH SCHOOL SPORTS MEDICINE CONFERENCE**

*ROCKWOOD IS THE OFFICIAL SPORTS MEDICINE PROVIDER FOR THE SPOKANE SHOCK AND THE SPOKANE SPIDERS*

## **LOWER EXTREMITY INJURIES: Conditions of the Leg**

### **TOPICS MAY INCLUDE:**

- » Turf Toe Injuries
- » Bracing the Knee
- » Latest treatments for hamstring/quadriceps injuries
- » Infections in the Leg
- » Taping Labs

#### **Career Preparation Information:**

Athletic Training  
Physical Therapy  
Podiatry  
Sports Medicine Careers

**WHEN:** Saturday, April 11

Check-in 8-8:30; Conference runs 8:30 a.m. - 12:30 p.m.

**WHERE:** Rockwood Main Clinic, Second Floor, Conference Room 4

400 E. 5th Ave.

(509) 838-2531, Ext. 2010

**COST:** \$10 (financial assistance available - contact Keith for more information)

*Coaches and parents are welcome!*

***INCLUDES A T-SHIRT & LUNCH!***

**SPACE IS LIMITED, SO REGISTER EARLY! REGISTER BEFORE APRIL 1<sup>ST</sup> TO ENSURE CORRECT T-SHIRT SIZE.** For more information, contact Keith Eggleston (509-868-2608) or Joe Gaines at (509-475-5589) or e-mail [sportsmedicine@rockwoodclinic.com](mailto:sportsmedicine@rockwoodclinic.com).

# **ROCKWOOD**

[www.rockwoodclinic.com](http://www.rockwoodclinic.com)



# 2009 ROCKWOOD HIGH SCHOOL CONFERENCE

## SPORTS MEDICINE SERVICES

Sports Medicine  
Orthopedics  
Urgent Care  
Physical Therapy  
Athletic Training  
Sports Performance Programs  
Hand Therapy  
Podiatry  
Radiology

Cardiology  
Dermatology  
Eye Care  
Primary Care  
Surgery  
Neurology  
Nutrition  
Pediatrics

## CERTIFIED ATHLETIC TRAINERS

Peter Cunningham  
Keith Eggleston  
Joe Gaines  
Kyle Havercroft  
Nichole Kaiser  
Heidi Peterson

## AREA SCHOOLS WITH WHICH WE WORK

Columbia High School  
Cusick High School  
Eastern Washington University  
East Valley High School  
Mary Walker High School  
Medical Lake High School

North Central High School  
Rogers High School  
Selkirk High School  
University High School  
West Valley High School

## ROCKWOOD PHYSICAL THERAPY & MEDICAL FITNESS CENTERS

### DOWNTOWN

505 E. Third Avenue  
Spokane, WA 99202

### NORTH

605 E. Holland Ave., Ste. 112  
Spokane, WA 99218

### VALLEY

15412 E. Sprague Avenue  
Spokane Valley, WA 99216

### CHENEY

1727 1st Street  
Cheney, WA 99004

First name \_\_\_\_\_ Last name \_\_\_\_\_ Age \_\_\_\_\_ Male  Female

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_ High School \_\_\_\_\_ Year in School \_\_\_\_\_

Spokane Public School\* student? Yes  No

*\*If yes, send registration form only but do NOT include payment with registration*

T-shirt size \_\_\_\_\_

If you would like an extra t-shirt, add \$7 to registration and indicate size here \_\_\_\_\_

Taken athletic training/sports medicine class? Yes  No

Experience taping? Yes  No

Special needs? Yes  No  If yes, please explain: \_\_\_\_\_

***All attendees, please wear comfortable and loose fitting clothing as this will be easier for the lab sessions.***

### PAYMENT INFORMATION

**Cost:** \$10 per student (please make checks payable to Rockwood Clinic). **Lunch and t-shirt included.**

*\*Students of District 10 schools, please coordinate your registration through your sports medicine class instructor or Keith Eggleston.*

**REMEMBER: REGISTRATION DEADLINE IS APRIL 1 AND SPACE IS LIMITED!**

### **Registration mailing address:**

Keith Eggleston  
c/o Rockwood Clinic - PT 3rd  
505 E. Third Avenue  
Spokane, WA 99202

### **Fax registration to:**

(509) 624-0403

### **If you have any questions, please feel free to contact:**

Keith Eggleston, ATC, Program Coordinator  
Office Phone: (509) 838-2531, Ext. 2010  
Cell Phone: (509) 868-2608  
E-mail: keggleston@rockwoodclinic.com

In consideration of my/our child's attendance at the Sports Medicine Conference, I/we as parents and/or legal guardians of \_\_\_\_\_ do hereby agree to waive all liability of Rockwood, its staff, and physicians, for any accident, injury, illness, or other mishap that might befall the above-named child while traveling to or from, or during attendance at the one day training at the Rockwood facility at 400 E. 5<sup>th</sup> Avenue, Spokane, WA 99202. Further, I/we hereby grant permission to the staff of Rockwood, to perform any medical treatment deemed advisable should any accident occur involving my child. I/we understand that all possible effort will be made to inform me/us in case of such treatment.

Student's Name \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

Parent's Phone (on day of event): \_\_\_\_\_ Mobile Phone \_\_\_\_\_