

2010

LEVEL 1 SPORTS TRAINER COURSE



Part of SMA'S "Safer Sport" Program

Are you working with a sporting team in 2010? Have you got a First Aid qualification and looking to take that next step? This hands-on course is designed to give people the skills & knowledge required to work as a Sports Trainer, manage injuries & help athletes return to sport, safely.

Topics include:

- Sports Taping
 - Sports Nutrition
 - Prevention of Injury
 - Common Sports Injuries
 - Transport of the Injured Athlete
- ...and more



Course Information

- Course A: Sat 13th & Sun 14th February
- Course B: Sat 13th & Sun 14th March
- Course C: Sat 19th & Sun 20th June
- Course D: Sat 23rd & Sun 24th October

Time: 8.30am - 5.30pm (both days)

Venue: FJ Clarke Lecture Complex
Sir Charles Gairdner Hospital
NEDLANDS

Cost

\$220 per person

-includes course manual, materials, resources, three year national accreditation and GST

Pre-requisite:

Current First Aid
Qualification

(Sports / Senior / Apply)

**All participants
receive:**

- SMA sling bag
- Course manual
- Interactive CD-ROM
- SMA travel mug
- Injury resources

...and more

REGISTER ONLINE: www.smawa.asn.au

To confirm your registration, full payment MUST be received by SMA prior to course commencement.

Registrations close 10 days prior to course commencement.

Course must have a minimum of 15 participants.

Cancellations will incur a \$20 administration fee.

Contact:

Sports Medicine Australia (WA Branch)
PO Box 57 CLAREMONT WA 6910

Ph: (08) 9285 8033

Fax: (08) 9284 9239

Email: info@smawa.asn.au



First Name: _____ Surname: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Phone: _____ Mobile: _____

Email: _____

I would like to enrol in the following course: (please tick)

- (A) Sat 13th & Sun 14th Feb (61004) (B) Sat 13th & Sun 14th March (61006)
 (C) Sat 19th & Sun 20th June (61010) (D) Sat 23rd & Sun 24th October (61014)

How did you find out about this session?

- School/Uni Club/Organisation Healthy Club Sponsorship
 SMA Email Friend/Colleague SMA website Other: _____

What is your current Occupation? _____

Students: (please specify)

Educational institution: _____

Field of Study: _____ What year are you in? _____

What sport are you involved with? _____

What is your main role in this sport? (please tick **one** only)

- Coach Manager Player/Athlete Trainer/First Aid Other: _____

Payment Details: Amount: \$ _____					<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard
Card number:	/	/	/	Expiry date:		/		
Name on card:								

Office Use only:

Amount: \$	Receipt No.:	Date:
Course Code:		

Registrations close 10 days prior to course commencement.

Please send this form with payment to:
 Sports Medicine Australia (WA Branch)
 PO Box 57 CLAREMONT WA 6910
 Fax: 9284 9239