



To: NSAA Championships Athletic Training Staff
 From: Rob Marshall
 NSATA Coordinator – Lincoln Championships
 RE: NSATA Reporting Information
 Date:

Please complete the following information, and fax/email ASAP following each NSAA Championship event:

1) **FULL NAME:** _____ **SS#** _____

<i>Resident Street Address</i>	<i>City</i>	<i>ST</i>	<i>Zip</i>
Cell Phone: _____	Email: _____		

2) Championship Event: **Sport:** _____ **Arrival** _____ **Depart** _____
 session/event 1 _____
 session/event 2 _____
 session/event 3 _____

note: no one is paid for reporting earlier than their assigned time, but are credited for work beyond the assigned time.

3) Athletic Injury Reports:
 no occurrences
 attached

4) Please note the school name and name(s) of any medical or allied healthcare provider who accompanied any teams during your assigned event. i.e. MD, ATC, PT, other.

5) Supplies: (indicate **any and all** items you provided)
 list attached
 no supplies used

6) Indicate as closely as you can where the **NSATA** banner and **Sports Medicine Sponsor** banner were located at your venue:
 NSATA: _____
 Corporate Sponsor: _____

7) Please confirm if you heard PA announces several times identifying both NSATA Athletic Trainers & the Sports Medicine Sponsor throughout your session:
 NSATA: YES NO
 Corporate Sponsor: YES NO

8) Do you maintain supplemental professional liability coverage for work outside your employment setting, other than coverage provided to you by the NSATA for NSAA Championships? YES NO

9) Please note any comments on NSATA arrangements for NSAA Championship coverage, or any problems or issues you encountered: