# **CONCUSSION IN SPORT SYMPOSIUM**

### ARE YOU A VOLUNTEER OR EMPLOYEE AT A SPORTING CLUB/ASSOCIATION?

With the support of the Department of Sport and Recreation you can attend the Concussion in Sport Symposium hosted by Sports Medicine Australia (WA Branch) at a discounted rate.

The Concussion in Sport Symposium will provide information on the best practice prevention, management and treatment of concussion across elite to community sports.

Information provided will be relevant to a wide audience including sports team and support medical personnel, club administrators and coaches, general practitioners, school physical education staff and parents.

**Speakers include:** Dr Michael Makdissi is a sport physician who works with a number of National and International Teams including Hawthorn Football Club, AIS and the Australian Swimming Team. He is a member of the International Consensus Group on Concussion In Sport.

A sundowner will follow.

## Fill out the Registration Form attached

All registered participants will receive an extensive resource kit

#### Date: Friday, 16th May, 2014

Time: 2-5pm 5-6pm - Sundowner (drinks and canapes provided)

Ellis Room Venue: WA Basketball Centre 201 Underwood Ave Floreat WA 6014 Parking available underneath

**Cost:** \$25 for Sporting Cub / Association Volunteer

> \$55 for Sporting Club Association Employee





Department of Sport and Recreation



## Concussion in Sport Registration Form



Contact Details		
First Name:	Su	irname:
Address:		
City:	Sto	ate: Postcode:
Ph:		Mobile:
Email:		
Sports involved with:		
Sporting Associa	ation/Club Name:	
Position Held:		
Are you a volunteer at your Sporting Club/Asssociation?   Volunteer Subsidised Cost (\$25)		
Are you an employee of your Sporting Club/Association? Employee Subsidised Cost (\$55)		
How did you find out about this course?		
DSR Club Talk	Club / Organisatio	Friend / Colleague
SMA Email	SMA Website	Facebook/Twitter
Other		
Payment Details		
Amount \$:	Cash Cheque	Visa Mastercard
Card Number:		Expiry Date
Name on Card:		CVV:
Office use only		
Amount \$:	Receipt No.	Date:
Course Code:		
PO Box 57 Claremont W, Phone: (08) 92 Fax: (08) 9284	ine Australia (WA Branch) /A 6910 2285 8033	Department of Sport and Recreation