

**Malone College Athletic Training Services
2008 AMC Track Championship**



To: Visiting Teams, Athletic Trainers and Coaches

From: Chris Watson MEd, ATC
Head Athletic Trainer
Training Room: (330) 471-8297
Training Room Fax: (330) 471-8298
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Amy Schlachter ATC
Assistant Athletic Trainer
Training Room: (330) 471-8479
Training Room Fax: (330) 471-8298
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Other Staff:

Dr. James Goff (Team Physician)
Board Certified Family Practice
CAQ Sports Medicine
7452 Fulton NW
Canton, Ohio 44646
Office phone: (330) 837-9249

On behalf of the Malone College Athletic Department, I would like to welcome you to our campus. Listed below are the services available to your teams upon their arrival.

- There will be Certified Athletic Trainers located near the track in the designated Athletic Training area to assist with any treatments/needs of the athletes.
- Please supply your athletes with a well stocked medical kit.
- If your athlete needs ultrasound and/or e-stim then please fill-out and send the attached "Consent to Treat Form" with them so they can receive treatment. Failure to provide a consent form will result in denial of treatment other than basic care.
- Ice, water, and cups, will be provided.

We will do all that we can to provide an enjoyable experience for you and your team. If you have any questions about availability of equipment, services or anything else, please contact me. Best of luck to you and your teams.

Sincerely,

Chris Watson MEd, ATC
Head Athletic Trainer Malone College
515 25th Street NW
Canton, Ohio 44709

**Malone College Athletic Training Services
2008 AMC Track Championship April 18th and 19th**



Athlete Consent to Treat Form

Please allow _____, an athlete from _____ to receive the
(Athletes Name) (Name of College/University)

following treatment(s) while competing at Malone College for the 2008 AMC Track Championship. He/She is receiving treatment for:

_____ injury(s).
(Injury)

ELECTRIC STIM: _____

ULTRASOUND: _____

OTHER: _____

Signature and phone number of Certified Athletic Trainer or Physician or Physical Therapist is required for treatment of an athlete.

Signature: _____

Title: _____

Phone Number: _____

If you have any questions, feel free to contact the Athletic Training staff at Malone.
Best of luck to you and your teams,

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