

To the Parents and Students:

I am excited about starting a Student Athletic Training Program and I hope you will be too. A Student Athletic Trainer works many hard hours all year long and we realize that this puts a burden on you as well as your student. My program will introduce the student the best possible education in Sports Medicine and Athletic Training. I know that you will support your student in this program (even those late nights and long road trips). Please look over the following materials that explain about my program and sign the form so that we will have a record of your approval of your student being a part of our program. Should you have any questions or comments, feel free to contact me. You are always welcome to visit our facilities and encouraged to attend Lancaster High School Games.

Thank you for your support,

Aaron Prentice ATC/L
Athletic Trainer
Lancaster High School
Athletic Department (740) 687 – 7550
Cell Phone (513) 293 - 3577



I give permission for my son/daughter _____ to participate in the Student Athletic Trainer program at Lancaster High School and all it encompasses.

Parent's Signature: _____ Date: _____