

## ***ATHLETIC FIRST AID EQUIVALENCY STUDENT APPLICATION FORM***

Please print.

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **P. Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Please fill out the following information in detail.

Course Name:	Date Completed:	Location:	Instructor:

**Program Fee: \$10.00 + 0.50 GST = \$10.50**

Cheque Enclosed.

If you would like an *Athletic First Aid* manual, please enclose an additional \$25.00 + GST = \$26.25

Please make your cheque or money order payable to the  
*Sport Medicine Council of Alberta.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Instructor's Signature

\_\_\_\_\_  
Date

\*\*Successful applicants will receive their Athletic First Aid Certificate, which is current for three years.

\_\_\_\_\_  
Approved by (SMCA)

\_\_\_\_\_  
Date



***Sport Medicine Council of Alberta***

11759 Groat Road  
Edmonton, Alberta T5M 3K6  
Phone: (780) 415-0812 Fax: (780) 422-3093  
[www.sportmedab.ca](http://www.sportmedab.ca)

**SPORT TAPING & STRAPPING EQUIVALENCY  
STUDENT APPLICATION FORM**

Please print.

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **P. Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Please fill out the following information in detail.

Course Name:	Date Completed:	Location:	Instructor:

Program Fee: \$10.00 + 0.50 GST = **\$10.50**

Cheque Enclosed.

Please make your cheque or money order payable to the  
*Sport Medicine Council of Alberta.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Instructor's Signature

\_\_\_\_\_  
Date

\*\*Successful applicants will receive their Sport Taping & Strapping Certificate, which is current for three years.

\_\_\_\_\_  
Approved by (SMCA)

\_\_\_\_\_  
Date



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***SPORT NUTRITION EQUIVALENCY  
STUDENT APPLICATION FORM***

Please print.

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **P. Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Please fill out the following information in detail.

<b>Course Name:</b>	<b>Date Completed:</b>	<b>Location:</b>	<b>Instructor:</b>

Program Fee: \$5.00 + 0.50 GST = \$5.50

Please make your cheque or money order payable to the  
*Sport Medicine Council of Alberta*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Instructor's Signature

\_\_\_\_\_  
Date

\*\*Successful applicants will receive their Sport Nutrition Level 1 Certificate, which is current for three years.

\_\_\_\_\_  
Approved by (SMCA)

\_\_\_\_\_  
Date



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