



**PENNSYLVANIA STATE
ATHLETIC CONFERENCE**

VISITING TEAM ATHLETIC TRAINING SERVICES FORM

TO THE HOST ATHLETIC TRAINER:

Please provide the following taping and / or treatment indicated below to the visiting athlete presenting this form.

Host University: _____ Sport: _____

Athlete's Name: _____ Contest Date(s): _____

Body Area: Right / Left / Both _____

Treatment (Circle): Cold Pack Cold WP Ice Cup Warm WP Hot Pack

Taping Instructions: _____

Certified Athletic Trainer (Print Name): _____

Signature: _____

Phone: _____