



**AFFILIATION AGREEMENT**  
**Premier Sports Services**

**Date:**

I agree to affiliate with Premier Sports Services. By doing this, I agree to abide by the policies and guidelines established by Premier Sports Services. I understand it is my responsibility to provide athletic training services in standard with the National Athletic Trainers Association.

**My responsibilities are as follows:**

- Arrive on time for all athletic events
- Document all injuries and services provided
- Submit worked hours in a timely manner
- Request supplies as needed
- Represent myself and Premier Sports Services with a positive attitude

\_\_\_\_\_ (An annual affiliation fee of \$40 will be due each September)  
(Signature)

**Please complete the following:**

E-Mail Address \_\_\_\_\_

Cell Phone number \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Street Address \_\_\_\_\_ City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Employer: \_\_\_\_\_

Please check appropriate:

\_\_\_\_ Illinois' Licensed

\_\_\_\_ EMT-B

\_\_\_\_ Paramedic

\_\_\_\_ CPR Instructor    \_\_\_\_ AHA    \_\_\_\_ Red Cross

\_\_\_\_ 1<sup>st</sup> Aid Instructor    \_\_\_\_ AHA    \_\_\_\_ Red Cross

**Return form, copy of your license, proof of liability insurance and current CPR card to:**

**Premier Sports Services**  
Lelia Siano  
P.O. Box 245  
Bensenville Il. 60106  
LeliaSiano@PremierSportsServices.com