

THE UNIVERSITY OF TEXAS AT SAN ANTONIO

PROSPECTIVE AFFILIATION AGREEMENT

Agency / Facility Information Sheet

This information collected on this sheet will be used to complete a formal agreement with your institution.

Today's Date: 2/28/2017

Agency Name: Athletic Foundations LLC.

Address: 17080 Hwy 46W Spring Branch Tx

Phone Number: 830-388-1622

Email address: Mick@athleticfoundations.org

1. Please briefly describe the scope of your facility/agency's work. Printed brochures or fact sheets explaining your organizational goals may be attached. – *Athletic and Personal Training with an emphasis on "pre-habilitation". We strive to correct muscular imbalances, skeletal misalignments and postural deficiencies while simultaneously enabling our clients to achieve their fitness or athletic goals through personalized strength training and corrective exercises.*

2. Indicate the most appropriate person(s) to contact within your facility/agency regarding internship possibilities.

Name: Charles Mickey Title/Responsibility President Phone # 830-388-1622

Office Address: 17080 Hwy 46W Spring Branch Tx Email: Mick@athleticfoundations.org

3. Briefly describe the internship experiences available with your facility/agency. *Interns will be given the opportunity to further their education and experience in anatomy, functional anatomy, physiology, biomechanics and nutrition. Working directly with a diverse population ranging from youth and adult athletes to more mature personal training clients, an intern will assess, program and administer personalized exercise protocols. Additionally, the opportunity to collaborate with orthopedists, chiropractors and physical therapists for post and intra-rehabilitative may be presented.*

4. Are there any restrictions to an internship that the student or university should be aware of? Will this be a paid position? - This is not a paid internship. The intern must be able to stand for long periods of time, lift and move/carry objects up to 50lbs and properly demonstrate various exercises and movement patterns.

5. Is your organization a HIPPA covered agency? YES _____ NO X_____

Please return this questionnaire to:

Stephanie Keiningham Greeson, LAT
Health & Kinesiology Internship Coordinator
College of Education and Human Development
UTSA
San Antonio TX 78249-0654
Tel. (210) 458-8551 Email: stephanie.keiningham@utsa.edu
Fax: (210) 458-5873