Exercise Science/Sports Medicine Program

NEW STUDENTS

2025-2026

PLEASE READ EVERYTHING!!!!

IMPORTANT INFORMATION ENCLOSED AND REQUESTED!!

STUDENTS AND PARENTS/GUARDIANS WILL BE HELD RESPONSIBLE FOR THE ENCLOSED INFORMATION AND PROGRAM REQUIREMENTS.

CIT Career Institute of Technology

5335 Kesslersville Road, Easton, PA 18040

Dear Student and Parent/Guardian,

Welcome to all students and Congratulations on enrolling into the Sports Medicine/Exercise Science Program at CIT. CIT is your local career and technical school that offers both academic rigor and hands-on learning experiences in the healthcare field. Due to requirements working in health care, there are many steps that must be taken prior to the first day of class...**Please read this whole letter upon receipt!**

UNIFORM: All students will be required to wear a uniform. Students are to obtain the uniform through our online uniform store:
https://citvt.estore.shop/exercise-science-sports-rehabilitation

Students are required to have the following:

TOP: **At least 1 of each**- CIT Black T-Shirt and CIT Black Polo from

BOTTOMS:

- **At least 1 pair of Khaki Pants** (can get these from the school store or on your own – my recommendation is scrub pants in khaki)
- **At least 1 pair of BLACK Scrub Pants**

· **Athletic sneakers** of your choice that must tie

PHYSICAL FITNESS: All students are required to have a physical fitness form filled out, signed, and submitted the first week of school. The attached form in ***APPENDIX A*** is required to participate in lab activities including physical fitness.

REQUIRED ITEMS: All students are required to have the items listed in ***APPENDIX B*** to assist in completing program requirements prior to your start date.

PROFESSIONALISM: This is a focus in the classroom and lab within this program. Students must look and act like future healthcare professionals.

Again, congratulations on your selection and best wishes to you for the successful completion of this program. If you have any questions concerning enrollment, contact Student Services (610) 258-2857 x3623.

For more program details visit: www.citvt.com

Sincerely,
Amanda Brown, MS, LAT, ATC, OPE-C, ROT
Sports Medicine Instructor

CIP: 51.2604
610-258-2857 x3631 or brown@citvt.com

APPENDIX A
Sports Medicine/Exercise Science
Physical Fitness Form

Physical fitness is an integral part of the Sports Medicine/Exercise Science Program. Throughout the year, the students will be involved in learning, demonstrating, and leading various exercises and rehabilitation techniques. These exercises will include, but not limited to, cardio and aerobic activities, weightlifting, stretching, and various therapy techniques. Students will participate in these activities to gain a full understanding of the injury and rehabilitation process. Students will be given the opportunity to use various pieces of fitness and rehabilitation equipment so that they will be familiar with techniques, injuries, treatments, and equipment.

The student's safety is the primary concern of the Career Institute of Technology. If the student is ill or has a temporary physical injury, he/she will be excused from the activity. The student will still be required to participate in the activities by watching and learning, for these activities will have to be performed in the future.

Attached is the consent form for physical activity. On this form, please fill out any, and all pertinent health information about your child. Please return to the student's instructor as soon as possible. Failure to return this signed form will restrict the participation of the student in activities as well as negatively impact their grade.

If you have any questions or concerns, please reach out to the Career Institute of Technology at (610) 258-2857 or email me at brown@citvt.com

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StudentName:_____Date:_____

I/We give permission for _____ (student name) to participate in the physical fitness aspect of the Sports Medicine/Exercise Science Program at the Career Institute of Technology.

Listed below are any health or physical concerns that may affect his/her physical fitness:

Asthma: _____

Heart Conditions: _____

Medications:_____

_____

Other Health Concerns: _____

_____

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____Date: _____

APPENDIX B

REQUIRED ITEMS LIST

Please use the checklist below to confirm you have met the Sports Medicine/Exercise Science Program requirements prior to the start date:

____1. Completed Physical Fitness Form

____2. Large 3inch/3 ring binder

____3. Medium 2 inch/3 ring binder

____4. 20 Dividers with tabs for binders

____5. College Ruled Spiral Notebook

____6. Pencils/Pens/Highlighters