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Head Athletic Trainers
Broken Arrow High School
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Broken Arrow Sports Medicine Program Application

Please Print:

Date: _____

Name: _____ Current Grade: _____
Last First Middle

Twitter Username: _____ Instagram Username: _____

*GroupMe Username: _____ (This is our primary form of communication. If it is not currently an app you use, would you be willing to install it?)

Parent/Guardian Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Have you ever received a discipline referral in the classroom? (including tardies, cell phone abuse, etc.) _____

If a yes is answered, please explain:

How many days have you been absent this past year?

GPA or average letter grade:

Have you ever failed a class? If yes, what class & year?

What extra-curricular activities are you in, or do you plan to be involved in at school and away from school?

Hobbies and Interest:

Explain briefly in your own words why you want to be a sports medicine aide at Broken Arrow:

List three (3) unique qualities that you personally possess that you feel can benefit the Broken Arrow athletic training program: _____

What is your greatest strength/asset for being a sports medicine aide?

Sports Medicine Aide Experience:

Do you plan a career in Athletic Training, Nursing, Physical Therapy or another health care profession? _____

If so, what profession? _____

How did you learn about the Broken Arrow sports medicine program?

List your teachers and classes you are currently taking:

1st Hour: _____

2nd Hour: _____

3rd Hour: _____

4th Hour: _____

5th Hour: _____

6th Hour: _____

7th Hour: _____

8th Hour: _____

References:

Name Business/Relation Phone

1. _____
2. _____
3. _____

Priorities in Our Program:

1. Family/Religion
2. School/Grades
3. Athletic Training
4. Social/Job

We do not expect you to put athletics ahead of #1 and #2, **BUT** we do expect it ahead of # 4.

PARENTAL CONSENT

(This must be signed for the application to be considered.)

My son/daughter has talked with me/us about their interest in the Sports Medicine Program at Broken Arrow High School. I have read the student athletic trainer expectations sheet and believe that he/she is able to make the commitments necessary to be a good student athletic trainer. I also understand that the commitment they are making and will encourage them to be the best student athletic trainer they can be.

Parent/Guardian Signature

Date

Applicant Signature

Date

We hope this list helps you and your parents better understand what we expect out of our students and also the enormous responsibility you are considering taking on. Athletic Training is a very interesting and fun area to work in, but it is also very hard work, long hours, and can be mentally challenging. Working as a sports medicine aide requires as much, if not more, time and dedication as playing a sport. If you have any questions please feel free to contact either of us.

Daniel Steward MS, ATC/LAT at dsteward@baschools.org

Taylor Coatsworth MS, ATC/LAT at tcoatsworth@baschools.org

When completed please return to your guidance counselor, or to the Athletic Trainer's mailbox in the Athletic Building.

All forms must be returned by March 31.

Sports Medicine Aide Applicants:

It is your responsibility to show this to **EACH** of your teachers and **politely** ask them to send a teacher evaluation score, by email, to Taylor or Daniel at atcbatigers@gmail.com by **Friday, April 21, 2017**.

Please take this sheet to all of your teachers and have them initial next to the hour you are in their class.

1st Hour _____

5th Hour _____

2nd Hour _____

6th Hour _____

3rd Hour _____

7th Hour _____

4th Hour _____

8th Hour _____

Teachers:

Please send the name of this student athletic training candidate and a **SPECIFIC NUMBER** to Andrea or Daniel by using the following criteria as a guideline. Please include any additional remarks that you feel would help us in our selection process for our group next school year.

- Attitude
- Cooperation
- Ability to get along with others
- Attendance/Punctuality
- Ability to go the extra mile
- Dependability
- Honesty
- Integrity
-

Thank you for taking time out of your busy schedule to help us! Your opinion means a lot to us. We look forward to hearing from you soon!

A score of 1, 2, 3, 4, or 5 indicates the candidate does not meet the above listed criteria.
A score of 6, 7, 8, 9, or 10 indicates the candidate meets the above criteria less than half of the time.
A score of 11, 12, 13, 14, or 15 indicates the candidate meets the above criteria some of the time.
A score of 16, 17, 18, or 19 indicates the candidate meets the criteria most of the time.
A score of 20 indicates the candidate meets the criteria all of the time.