

Dear Students,

We will be taking applications for student athletic trainers for the next school year. The positions will be filled by those who have displayed a positive attitude in the classroom, shown strong character, and maintained good grades. Unfortunately, positions are limited, so if you are interested, please apply as soon as possible.

Being a student athletic trainer holds many responsibilities as well as privileges. If selected, you will learn basic first aid skills, taping skills, injury prevention, and rehabilitation skills while working directly with the athletes. You will become an important part of the athletic program and be treated as part of the team. Student athletic trainers will be required to take a sports medicine class, so keep this in mind when filling out your schedules. This class will be 8th period. Student athletic trainers will cover practices starting with football at the end of July and then will assist with spring sports once football is over. Summer practices are mandatory for all Athletic Training Students.

Notification to the Athletic Trainer must be made 24 hours in advance for missing practices and or games. If an emergency, as soon as possible. Too many unexcused missed practices may result in dismissal from the program. Missing practice and failure to notify the Athletic Trainer will result in suspension. Continued missing practice and failure to notify will result in dismissal from the program.

If you are interested, please fill out the application and return it to the athletic training building. If you have any questions you may call the athletic training office at 903-885-2158 ext 2290.

Thanks,

STUDENT ATHLETIC TRAINER QUESTIONNAIRE
STUDENT TO FILL OUT

Name: _____ Current Grade: _____ Age: _____
Parent's Name: _____ Parent's Email: _____
Parent's Phone #: _____ Student Cell Phone: _____
Date of Birth: _____ Sex: _____ Shirt Size: _____

Have you ever received a D or F in any class? YES NO

If "YES" please explain: _____

Have you ever been given SAC, suspension, DAP or any other disciplinary action? YES NO

If "YES" – How many/Why? _____

1. Will transportation be a problem for early morning/late night events? YES NO
2. Does your son/daughter plan on playing sports in High School? YES NO
 - a. If yes what sport(s)
3. Please rate your child on the following scale from 1 (Lowest) to 5 (Highest)

Work ethic	1	2	3	4	5
Responsibility level	1	2	3	4	5
Commitment to projects started	1	2	3	4	5
Respect of authority figures	1	2	3	4	5
Ability to handle criticism	1	2	3	4	5
Ability to get along with others	1	2	3	4	5

IMPORTANT NOTES

*Participation accounts overall grade.

*Your child will be required to maintain a 70% or higher in all classes.

*Your child may be required to work some holidays and/or weekends throughout the year.

*Your child may be required to work some Saturdays.

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____

STUDENT ATHLETIC TRAINER APPLICATION

Grades: (Please Print)

Class Name:	Teacher's Name:	First 9 Weeks Grade:	Fall Semester Grade:
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

For the above grades, put what your final grade was in the semester grade column.

List any special skills or talents you can do.

CPR _____ First Aid _____ File _____ Computer _____ Other _____

I as an Athletic Training student understand the responsibilities and requirements of being an athletic training student. I understand there will be long hours and I may have to work holidays and/or weekends. I understand too many unexcused absences may result in dismissal from the program. I understand that I am required to notify the Athletic Trainer of any missed practices in advance. If it is an emergency, I will notify the Athletic Trainer as soon as possible. I understand that failure to notify will result in suspension. I understand that I will be required to work after-school practices for football and spring sports. I understand that summer practices are mandatory. I understand that information on athletic injuries is confidential and not to be shared. I understand that I may be assigned a sport I do not like. I understand that I have to be enrolled in the athletic training class. I understand that any equipment issued to me must be returned. I understand if I quit, I will return any equipment issued.

Student Signature _____ **Date** _____

Permission for Application: I have discussed the responsibilities of being a SSSH Athletic Training Student. Those things include time involved, physical and emotional demands, and possible monetary costs. I understand the obligations and responsibilities of being an Athletic Training Student and I will help him/her in his/her assignments for the entire year. I give my permission to apply for the position of Athletic Training Student.

Parent/Guardian Signature _____ **Date** _____