

SULPHUR SPRINGS  
HIGH SCHOOL

SPORTS MEDICINE PROGRAM



APPLICATION

Dear Students,

We will soon 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, showed strong character and who have 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 will 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 7<sup>th</sup> period. Student athletic trainers will start out working with football at the beginning of August and then be assigned to work with another team once football is over. 2-a-days is mandatory for all Athletic Training Students.

Students will be required to come in mornings for morning rehab starting at 7:30am. Missed days will be made up. They will only be assigned one week every 6 weeks. It will not be every week.

Notification to the Athletic Trainer must be made in writing for missed practices. Recommend the notification be made in advance. If an emergency, as soon as possible. Missed practices will need to be made up. 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 questionnaire and return it to Coach Carrell. if you have any questions you may call me at 903-885-2158 ext 2290.  
Positions will be filled soon.

Thanks,

Tammy Carrell ATC, LAT, MS.  
Head Athletic Trainer  
Sulphur Springs High School

# STUDENT ATHLETIC TRAINER QUESTIONNAIRE

## STUDENT TO FILL OUT

Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Parent's Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
Parent's Phone #: \_\_\_\_\_ Student Cell Phone: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

How did you hear about the SSSH Sports Medicine Program? \_\_\_\_\_

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

If "YES" please explain: \_\_\_\_\_

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

If "YES" – How many/Why? \_\_\_\_\_

ON THE BACK OF THIS PAPER – Write a brief summary including:

1. What you think the job of a Head Athletic Trainer/Assistant is?
2. What you think the job of an Athletic Training Student is?
3. Why do you want to be an Athletic Training Student?
4. Describe your strengths and weaknesses.

## PARENT/GUARDIAN TO FILL OUT

1. Will transportation be a problem for early morning/late night events? YES NO

If "YES" please explain: \_\_\_\_\_

2. Does your son/daughter plan on playing sports in High School? YES NO

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 for 80% of your child's 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.

If there are any questions, please contact:

Tammy Carrell ATC, LAT, MS

Head Athletic Trainer

903-885-2158 ext 2290

Student Signature: \_\_\_\_\_ Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# STUDENT ATHLETIC TRAINER APPLICATION

Grades: (Please Print)

Class Name	Teacher Name	6 Weeks Grade	Semester Grade
1			
2			
3			
4			
5			
6			
7			

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 that I will be required to make up any missed practices. 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 and in writing. 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 come to morning rehab at least one week every six weeks. I understand that I will make up any missed rehab assignments. I understand that I will be required to work after school practices for football and the sport that I am assigned to. I understand that 2 a days is mandatory. I understand that information on athletic injuries are 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 and all equipment issued.

**Student Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

Permission for Application

I have discussed the responsibilities of being a SSHS 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** \_\_\_\_\_