

NAVARRO VIKING SPORTS MEDICINE

STUDENT TRAINER APPLICATION

STUDENT INFORMATION (Please PRINT legibly)

Name: _____ Current Grade: _____ Age: _____ School presently attending: _____
Address: _____ City: _____ Zip: _____ DOB: _____
Gender: M F T-shirt size (adult) _____ Polo size shirt (adult) _____ (W/M) Shorts size (adult) _____
Student email: _____ Guardian's Phone #: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS

Write a brief essay/paragraph on why you want to be in the Sports Medicine Program (use the back if necessary):

What recognition and awards, if any, have you earned? (Honor Society, Service Awards, etc.)

What are your plans after you graduate from high school?

What are your strengths and weaknesses when dealing with people?

*What other extracurricular activities are you involved in? _____

**Students involved in more than one sport AND one non-sporting activity would be advised to reconsider applying for a student athletic training position*

Student Athletic Trainers are often asked to work beyond normal school hours; will personal transportation be a problem for you to attend before or after school practices or events? YES NO

If yes, please explain: _____

Will you be able to attend before and/or after school practices and games? YES NO

Do you plan to have a job while participating as a Student Athletic Trainer? YES NO

If yes, would you be willing to schedule Athletic Training duties? YES NO

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ACADEMICS

APPLICANTS MUST BE IN GOOD ACADEMIC STANDING.

REFERENCES

2 RECOMMENDATION FORMS MUST BE RETURNED TO DR. BENAVIDES FOR CONSIDERATION

- PRINT AND GIVE A "RECOMMENDATION FORM" TO TWO DIFFERENT TEACHERS, COACHES, ADMINISTRATORS OR COUNSELORS TO FILL OUT AND RETURN TO DR. BENAVIDES.
- PROVIDE AN ENVELOPE WITH EACH RECOMMENDATION FORM WITH THE FOLLOWING PRINTED ON THE FRONT. (NO STAMP REQUIRED)
 - ATTENTION: DR. MIGUEL BENAVIDES
 - DEPARTMENT OF ATHLETICS
 - CAMPUS: NAVARRO EC HIGH SCHOOL
- THESE FORMS ARE TO BE SENT BACK BY THE REFERENCE NOT THE APPLICANT.
- PLEASE TURN IN BURNET MS FORMS TO COACH JERNIGAN.

PLEASE LIST THE NAMES, DEPARTMENTS, AND SCHOOLS OF THE TWO REFERENCES YOU WILL BE GIVING FORM TO:

NAME	DEPARTMENTS	SCHOOL
1.		
2.		

IMPORTANT NOTES

If you get accepted into the sports medicine program:

- You will be required to follow a specific dress code.
- You will be required to maintain a 70% or higher grades in all classes.
- You will be required to work some Holidays and weekends throughout the year, as well as games and practices for a variety of sports.
- You may be required to purchase a clothing package containing game/practice attire.

PARENT/STUDENT CONSENT

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Please complete and return this application to:
Dr. Miguel Benavides, Athletic Trainer
1201 Payton Gin Rd., Austin, TX 78758
miguel.benavides@austinisd.org, Office: 512560-1287

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Student: _____ ID # _____

To the teacher: This student is applying for the Athletic Training Program and is required to submit recommendations to complete their application. Please evaluate the student and return this form to DR. MIGUEL BENAVIDES at Navarro E. C. H. S. This is a confidential report and should be returned to me through inter-office mail and not given to the student to return. At no time will the student be allowed to view this evaluation. Thank you for your professional assessment. BURNET TEACHERS: Please turn in to Coach Shelli Jernigan.

Please evaluate the following citizen/character traits of the above-named student:

	Outstanding	Good	Fair	Poor
Dependability				
Honest/integrity				
Confidentiality				
Ability to follow instructions				
Follow rules				
Attitude				
Maturity				
Personal grooming				
Punctuality				
Cooperation with others				
Verbal communication				
Writing skills				
Sets realistic goals				
Problem-solving skills				
Self-motivation				

Do you have any reservations about this student participating in a medically based program? Please comment.

Teacher name: _____ Class: _____ School: _____

Teacher signature: _____ Date: _____ Contact phone or email: _____

Please complete and return via Inter-office mail in the envelope provided by applicant to:

Dr. Miguel Benavides
Athletic Department
Navarro Early College High School

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