

## MANVEL SPORTS MEDICINE STUDENT ATHLETIC TRAINER APPLICATION & PARENT QUESTIONNAIRE

<u>FOR THE STUDENT APPLICANT TO FILL OUT</u>						
Name:	Current Grade:					
Address:						
Phone #:	Email:					
Parent's Name:						
Parent's Phone #:	Parent's Email:					
Date of Birth:	_ Sex: M F T-Shirt/Polo Size:					
Have you ever received a $\underline{\mathbf{D}}$ or $\underline{\mathbf{F}}$ in any cla	ass? YES NO If yes, please explain:					
Have you ever been given ISS or any othe  If yes, how many times and why:	• •					
	l – example - have you ever had a job before? YES NO					
Do you have a problem with seeing seriou	s injuries including blood or broken bones? YES NO					
Are you capable of doing manual labor (c and working outside in the heat/cold/rain)	arrying heavy coolers, standing for long periods of time, ? YES NO					
Do you understand that as a student athle games and treatment times as scheduled by	etic trainer, you are expected to be able to work practices, by the staff athletic trainers? YES NO					
Do you understand that you may be requi Thanksgiving, Christmas, and Spring Bre	ired to work nights, weekends and/or vacations (including eak)? YES NO					
Do you foresee having any conflicts with be practices/staying after school/transportation	peing a student athletic trainer? –attending ion/etc. YES NO					

If yes, please explain

Are you involved in any other extracurricular activities at MHS? YES NO If yes, please list them:								
List other hobbies/activities:								
What do you think an Athletic Trainer does?								
What do you think a Student Athletic Trainer does?								
Why do you want to be a Student Athletic Trainer?								
What are your strengths?								
What are your weaknesses?								
Please provide any other information about yourself that you feel would be valuable to the staff athletic trainers.								
GRADES: (PLEASE PRINT)	*****these teachers will be contacted	as references						
Class	Teacher	9 weeks grade	Semester grade					
1								
2								
3								
4								
5								
6								
7								

YOU MUST ATTACH A COPY OF YOUR MOST RECENT REPORT CARD

FOR THE STUDENT	APPLICANT'S	PA	RE	NT/C	<u> JUA</u>	RDIAN T	TO FILL	<u>OUT</u>
The student athletic trainers at Matreatment times that they are schemay be required to work nights, we events do to travel distances. Will YES NO IF "YES" PLEASE EXPLAIN:	duled for. Due t eekends and va	to th cati	e na on t	ture imes	of l	nigh schoo /She may	ol athletic arrive ho	s, your child ome late from
Your son/daughter will be asked to various types of weather. Does you prevent them from being a student IF "YES" PLEASE EXPLAIN:	r son/daughter	hav	e an	y he				
Student athletic trainers are part of rules, (including all grade requirer all athletic training room policies at into the program, these policies will please fill out the following question.	ments), all MHS as set forth in th ll be explained to ons on a scale of	S pol ne M to b	licies IHS oth 1	s gov Spor the s	vern rts N tude	ing extraded Medicine lent and the	- curricula Handbook	r activities, and a. Once accepted
· How would you rate your son/da Work ethic -	ugnters:	1	2	3	4	5		
Responsibility level -		1		_	4	5 5		
Commitment to projects s	tarted -			3	_	5		
Respect of authority figur				3				
Ability to handle construc				3	4	5		
Ability to get along with o		1	2	3	4	5		
* IMPORTANT NOTES * - Your son/daughter if accepted with You will be notified by email by Marian notification will be given by a fifthere are any questions or commercial at sorrell@alvinisd.net.	all be required to the returned to the lay 4, 2021 with the layer to the laye	o moo wo	ainta ork s HS T time Ma	ain a some Traines an y 21	1709 hol ning nd d , 202	% or high idays thr Room no ates of an 21.	oughout t later than y follow u	he year. n <u>May 1, 2021</u> . pp interviews.
Student's Signature D	 ate		P	aren	ıt's S	Signature		Date

