**SHADOW CREEK SPORTS MEDICINE**

**STUDENT TRAINER APPLICATION & PARENT QUESTIONNAIRE**

**FOR THE STUDENT APPLICANT TO FILL OUT--------------------------------------------------------------**

## Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Grade: \_\_\_\_\_\_\_\_

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent’s Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent’s Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: M F Shirt Size\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have you ever received a D or F in any class? YES NO If yes, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ \_\_**

**Have you ever been given ISS or any other disciplinary action? YES NO**

**If yes, how many times and why: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Describe your work ethic outside of school – example - have you ever had a job before? YES NO**

 **If so, what kind and what were/are your responsibilities?**

**Do you have a problem with seeing serious injuries including blood or broken bones? YES NO**

**Are you capable of doing manual labor (carrying heavy coolers, standing for long periods of time, and working outside in the heat and cold)? YES NO**

**Do you understand that as a student athletic trainer, you are expected to be able to work practices, games and treatment times as scheduled by the staff athletic trainers? YES NO**

**Do you understand that you may be required to work nights, weekends and/or vacations (including Thanksgiving, Christmas, and Spring Break)? YES NO**

**Do you foresee having any conflicts with being an athletic trainer? –attending practices/staying after school/transportation/etc. YES NO**

**If yes, please explain**

**Are you involved in any other extracurricular activities at SCHS? 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 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 PARENT/GUARDIAN TO FILL OUT-----------------------------

**The student athletic trainers at Shadow Creek High School are expected to be at all practices, games, and treatment times that they are scheduled for. Due to the nature of high school athletics, your child may be required to work nights, weekends and vacation times. He/She may be required to work practices and may arrive home late from events. Will transportation be a problem for early morning/late night events? YES NO**

**IF “YES” PLEASE EXPLAIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Your son/daughter will be asked to lift equipment, coolers, work outside in the various types of weather that we experience here in Texas. Does your son/daughter have any health concerns/problems that would prevent them from being a student trainer? YES NO**

**IF “YES” PLEASE EXPLAIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student athletic trainers are part of an extra-curricular activity and are required to abide by all UIL rules, (including all grade requirements), all SCHS policies governing extra-curricular activities, and all training room policies as set forth in the SCHS Sports Medicine Handbook. Once accepted into the program, these policies will be explained to both the student and their parent/guardian.**

**Please fill out the following questions on a scale of 1 (lowest) to 5 (highest)**

**- How would you rate your son/daughters:**

**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 \***

**- Your son/daughter if accepted will be required to follow a dress code.**

**- Your son/daughter if accepted will be required to maintain a 70% or higher in all classes at SCHS.**

**- Your son/daughter if accepted will be required to work some holidays throughout the year.**

**Please have completed application returned to SCHS Sports Medicine no later than April 30, 2018.**

**You will be notified by email by May 7, 2018 with the times and dates of the follow up interviews.**

**Final notification will be given by email, no later than May 28, 2018.**

**If there are any questions or comments please phone the SCHS Training Room at: 281-245-3855 or by email at** **cwade@alvinisd.net****.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_**

**Student’s Signature Date Parent’s Signature Date**