



Student Athletic Trainer Duties and Responsibilities

Student AT name: _____

Address / Phone #: _____

Emergency contact information: _____

School: _____

Supervising Athletic Trainer: _____

Schedule for observation (dates and times):

The student athletic trainer (SAT) understands and agrees to the following:

- 1) The SAT will abide by all Select Medical Outpatient Division ("Select") and School policies while acting as an SAT.
- 2) The SAT is not an employee of Select and is not eligible for wages or worker's compensation insurance from Select.
- 3) SATs are responsible and liable for their own actions at all times while training in the School.
- 4) SATs duties are limited to the following activities, as directed by the supervising AT:
 - a. Assisting with training room operations
 - b. Field set-up
 - c. Basic first aid if so certified
 - d. Observation of evaluations, treatments, and testing
 - e. Taping can be performed by the student if they have demonstrated an acceptable standard of performance
- 5) Select or the SAT may withdraw from the relationship at any time, for any reason, without notice.

Select is not responsible for compensating SAT for any injuries. It is the responsibility of the SAT to maintain his or her own health insurance. I have read the above statement and understand it. I agree to abide by these rules while acting as a Student Athletic Trainer in the School..

Signature: _____ Date: _____
Student Athletic Trainer

Signature: _____ Date: _____
Parent or Legal Guardian of SAT

Signature: _____ Date: _____
Supervising Athletic Trainer