

Application for SISD Athletic Training Student Program

Name: _____ SISD Email: _____

Mobile Phone Number: _____

Preferred Guardian Contact Name: _____

Guardian Relationship: _____ Guardian Phone Number: _____

Are you currently taking or have you taken Sports Medicine I/Principles of Exercise Science and Wellness?

List your current teachers:

Period	Teacher Name
1	
2	
3	
4	
5	
6	
7	
8	

This is a year-long commitment along with the Kinesiology (I or II) class. Does your schedule allow for this?

While in this program, you will likely see and assist in treating various injuries – some more serious than others. Do you feel comfortable working near and with blood, broken bones, etc.?

What other activities and organizations are you involved in? (On or off-campus!)

Why do you want to be in the class?

This program requires working with peers and professionals in sports medicine in addition to working in various environments with multiple different sports. What makes you a good candidate for this program?

Describe what you think Athletic Training is.

Have you had detention or been in ISS or DEAP during high school? (If yes, please state why.)

Athletic Training Student Reference

**This reference must be completed by someone other than a relative or friend.*

Student: _____

Reference & Relationship: _____

Please rate the following qualities you have witnessed in the student: (1 is low and 5 is high)

Responsibility 1 2 3 4 5

Comments:

Dedication 1 2 3 4 5

Comments:

Dependability 1 2 3 4 5

Comments:

Follow through 1 2 3 4 5

Comments:

Overall work habits 1 2 3 4 5

Comments:

Would you hire this person to work for you? _____

In a few sentences on the spaces provided below, please describe why this student should or shouldn't be in the Athletic Training Student program.
