



# ANNA COYOTES SPORTS MEDICINE STUDENT ATHLETIC TRAINER APPLICATION

**APPLICATION DUE DATE: FEBRUARY 6<sup>th</sup>, 2025**

## STUDENT INFORMATION (Please PRINT legibly):

Name: \_\_\_\_\_ ID: \_\_\_\_\_ Grade: \_\_\_\_\_ Current School: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Student School Email: \_\_\_\_\_ Student Cell #: \_\_\_\_\_

Mom/Dad/Guardian Name: \_\_\_\_\_

Mom/Guardian Email: \_\_\_\_\_ Cell #: \_\_\_\_\_

Dad/Guardian Email: \_\_\_\_\_ Cell #: \_\_\_\_\_

## PLEASE ANSWER THE FOLLOWING QUESTIONS:

Write a brief essay about why you want to be in the Sports Medicine Program (use the back page or attach a separate page if necessary):


What are your goals throughout your high school career?


What are your plans after you graduate from high school?


What recognition and awards have you earned? (Honor Society, Service Awards, Athletic Awards, etc):


List some job/career choices of interest:


What other extracurricular activities are you involved in throughout the school year?:


\*Please note: the time commitment for Athletic Training is the same, if not more, than what is required for a sport. Please take that into consideration when applying for the Sports Medicine program.

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

Do you plan on having a job while being a Student Athletic Trainer?: YES NO

If so, will you be able to adjust your work schedule around your Athletic Training duties? YES NO



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## ACADEMICS:

**📌 APPLICANTS MUST BE IN GOOD ACADEMIC STANDINGS. PLEASE ATTACH A COPY OF YOUR REPORT CARD CONTAINING GRADES FOR THE ENTIRE CURRENT SCHOOL YEAR. APPLICATIONS SUBMITTED WITHOUT A GRADE REPORT WILL BE AUTOMATICALLY VOIDED.**

## REFERENCES:

- 📌 3 RECOMMENDATION FORMS MUST BE RETURNED TO THE ATHLETIC TRAINING STAFF FOR CONSIDERATION
  - PRINT AND GIVE A "RECOMMENDATION FORM" TO 3 DIFFERENT TEACHERS, COACHES, PRINCIPALS, OR COUNSELORS TO FILL OUT AND RETURN VIA SCHOOL INTEROFFICE MAIL
  - PROVIDE AN ENVELOPE WITH EACH RECOMMENDATION FORM WITH THE FOLLOWING INFORMATION PRINTED ON THE FRONT (NO STAMP REQUIRED)
    - ATTENTION: MARY LYNN MILLER, ATC, LAT, HEAD ATHLETIC TRAINER
    - DEPARTMENT: ATHLETICS
    - CAMPUS: ATHLETICS/HS TRAINING ROOM
  - THESE FORMS ARE TO BE SENT BACK BY THE REFERENCE, NOT BY THE APPLICANT
- 📌 PLEASE LIST THE NAMES, DEPARTMENTS, AND SCHOOLS OF THE 3 REFERENCES YOU WILL BE GIVING FORMS TO:

NAME:	DEPARTMENT/CLASS:	SCHOOL:
1:		
2:		
3:		

## IMPORTANT NOTES:

- 📌 If accepted into the Sports Medicine program:
  - You will be required to follow a specific dress code for all activities
  - You will be required to purchase a Team Clothes Package that will range between ~\$350.00 to \$450.00
  - You will be required to maintain a 70% or higher grade in all classes throughout the school year
  - You will be required to attend tutorials if your grades fall below a 70% in any class
  - You will be required to work some school holidays and weekends throughout the school year
  - You understand that the time commitment for Sports Medicine is the same, if not more, than what is required for a sport
  - You will be required to work with a sport each semester through the school year with the exception of the spring semester of your senior year.
  - Please contact Trainer Miller with any further questions or concerns about applying for the Sports Medicine program.

## PARENT/STUDENT CONSENT:

I, \_\_\_\_\_ understand that I must maintain at least a 70% in all course work attempted. I understand that a Student Athletic Trainer's role requires a major time commitment, if not more, than playing a sports. I understand that as a Student Athletic Trainer, I am making a commitment to an extracurricular program and must assume a responsible role in all daily duties. I must abide by the school & program dress code, and be on time to all events, practices, games, my classes and meetings. Any violation or conduct unbecoming may result in immediate dismissal from the program. *I also understand that an incomplete application will be automatically voided.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete and return this application with a copy of your grade report to:  
Mary Lynn Miller, ATC, LAT, Head Athletic Trainer  
mary.miller@annaisd.org \* Office: 972-924-1100 ext. 1142



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## RECOMMENDATION FORM:

Student Applicant: \_\_\_\_\_ Student ID#: \_\_\_\_\_

To the reference: This student is applying for the Sports Medicine Program and is required to submit recommendations to complete their application. Please evaluate the student and return this form to Mary Lynn Miller, Head Athletic Trainer at your earliest convenience. This is a confidential report and should be returned by you through inter-office mail and NOT given back to the student to return. At no time will the student be allowed to view this evaluation. Thank you for your professional assessment.

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

	<b>OUTSTANDING (5)</b>	<b>EXCELLENT (4)</b>	<b>GOOD (3)</b>	<b>FAIR (2)</b>	<b>POOR (1)</b>
DEPENDABILITY					
INTEGRITY/HONEST					
CONFIDENTIALITY					
FOLLOWS DIRECTIONS					
FOLLOWS RULES					
POSITIVE ATTITUDE					
PUNCTUALITY					
ATTENDANCE					
COOPERATION WITH OTHERS					
VERBAL COMMUNICATION					
MATURITY					
SETS REALISTIC GOALS					
PROBLEM SOLVING SKILLS					
SELF-MOTIVATION					
ACCOUNTABLE					

Do you have any reservations about this student participating in a medically-based program? Please comment below:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reference name: \_\_\_\_\_ Class/Team: \_\_\_\_\_ School: \_\_\_\_\_

Reference signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Please complete and return via Inter-Office Mail in the envelope provided by applicant by: \_\_\_\_\_
- Mary Lynn Miller, Head Athletic Trainer
- Department: Athletics
- Campus: High School Athletic Training Room



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