Student Athletic Training Application

Dear Parent and Prospective Student Athletic Trainer,

Thank you for your interest in the Sports Medicine Program at Brownsboro High School. The primary responsibility of the athletic training staff is the care, prevention, treatment and rehabilitation of athletic injuries. Involvement with the Brownsboro High School Sports Medicine program is a great way to gain valuable medical experience and will be helpful on resumes and college applications.

Student Athletic Trainers are expected to be dedicated to the program, these students play a vital role in the Brownsboro High School Athletics. Student Athletic Trainers should develop responsibility, self-confidence, and a desire to develop their talents in the field of athletic training. The commitment includes academic excellence, often students who excel academically succeed as Student Athletic Trainers.

The Student Athletic Trainer position is a major time commitment. All students are required to work football as their main sport and one other additional sport. During the sport seasons, much of the work is after school with some team travel involved. There will also be evening responsibilities and occasional Saturdays, but the experience will be very rewarding. Student Athletic Trainers can earn a letter jacket for their commitment and dedication to Brownsboro High School Athletics.

Your son/daughter will be asked to complete the application which will require the signature of both the student and the parent. This will allow us to check on grades, class conduct, and overall attitude. From this information , we will be able to begin the evaluation process. If selected, your son/daughter will be placed on a short probationary period to see if the meet our expectations and make sure that it meets the students expectations as well. This job will help them to mature and learn responsibility as well as time management skills. They will be exposed to many new people, places, and experiences. It is our hope that this will be a very enjoyable and rewarding time for your son/daughter.

It is required that the student maintain "C" average to be involved in the student athletic training program. It is important to us that each student athletic trainer is motivated to do well in the classroom.

If you are interested in the Sports Medicine Program at Brownsboro High School, please complete the application and return it to the front office or the Athletic Trainer as soon as possible. Thank you for your interest and we look forward to seeing you soon.

APPLICATIONS ARE DUE MARCH 28

Brownsboro Sports Medicine
Student Athletic Training Application

Student Application Information (please print legibly)

Name:_____ Grade: _____ DOB: _____

Address: _____ Age:_____ Gender: _____

City: _____ Zip Code:_____

Parent/Guardian Name:_____

Home Phone:_____ Mobile:_____

Student Email:_____ Student Mobile:_____

Parent/Guardian Email: _____

Student Athletic Training Questions

Please on a separate sheet of paper indicate why you should be considered into the program, include what qualities set you apart from other students applying.

What other extracurricular activities are you involved in?_____

_____

Student athletic trainers are asked to work beyond normal school hours. Will personal transportation be an issue for you to attend before/after school practices/games?

YES NO

Do you plan on having a job while being a member of the Student Athletic Training Program?

YES NO

If yes, are you willing to schedule your availability around athletic training duties and coverage?

YES NO

References

Please list at least 3 references from current teachers or administrators at Brownsboro Junior High/Brownsboro High School that are willing to comment on your ability to fulfill the position of student athletic trainer. The teacher or administrator will need to fill out the provided reference form and return it to the front office in order to be considered for this position

1._____

2._____

3._____

Important Notes:

If accepted into the sports medicine program:

- you will be required to follow a specific dress code
- you will be required to maintain a 70% or higher grade in all classes
- you will be required to attend tutorials if your grades fall below 70% in any class, and not eligible to travel
- you will be required to work some holidays and weekends throughout the year

Student Consent:

I _____ understand that I must maintain a 70% in all corse work attempted . I understand that a Student Athletic Trainer's role requires a major time commitment, if not more, than playing a sport. I understand that as a Student Athletic Trainer, I am making a commitment to an extra-curricular program and muse assume a responsible role in the daily duties, must abide by the school and program dress code, and be on the time to all events, practices, 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:_____

Parents Signature:_____ Date:_____

Please complete and return this application with a copy of your skyward report card to:

Josee Chavis in the high school athletic training room or the front office

Student Athletic Training Program Recommendation Form

Student:

To the teacher: This student is applying for the Student Athletic Training Program and is required to submit recommendations in order to complete their application. Please evaluate the student and return the form to Josee Chavis (mailbox in the front high school office). If at the junior high please turn into the front office. This is a confidential report and should not be returned to the student. The student will not be able to see the evaluation. Thank you for your professional assessment of the student.

Student Grade in your class:

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

	Outstanding	Good	Fair	Poor	N/A
Dependability					
Honesty/Integrity					
Confidentiality					
Ability to follow instructions					
Follow rules					
Good attitude					
Maturity					
Personal grooming					
Punctuality					
Cooperation with others					
Verbal communication					
Problem-solving skills					
Self-motivation					

Do you have any reservations regarding the student participation in the Student Athletic Training Program?
Please comment :

_____

_____

_____

Teacher Name:_____ Class:_____

Teacher Signature:_____ Date: _____