

**OUACHITA PARISH HIGH SCHOOL**

Application for Athletic Training Education Program (Fulfills a PE requirement or Sports Medicine III)  
(Return to Coach Phil Shaw in the training room, no later than March 29, 2019)

NAME: \_\_\_\_\_

GRADE NEXT YEAR: \_\_\_\_\_ GPA: \_\_\_\_\_

\*\*\*This application is for the sports medicine program. By filling out and turning in this application, you are applying to be a student athletic trainer which is an afterschool activity. **There will be a fee of \$350 to cover apparel, shoes, etc.**

Please make sure your parent(s) and teacher's who recommend you sign this form\*\*\*

**Please check the appropriate answer:**

- |                                                                                                    |     |    |
|----------------------------------------------------------------------------------------------------|-----|----|
| 1. Are you wanting to make sports medicine a career choice?                                        | YES | NO |
| 2. Will you be willing to participate in after school activities? (until about 5:30PM)             | YES | NO |
| 3. Are you comfortable with handling duties such as filling coolers, disinfecting equipment, etc?  | YES | NO |
| 4. Are you comfortable with wound care and injuries?                                               | YES | NO |
| 5. Have you ever been referred by a teacher for the purpose of poor conduct?                       | YES | NO |
| 6. Are you involved with any extra-curricular activities? Please list:<br>_____                    | YES | NO |
| 7. Do you plan on having an afternoon job? If so, how many hours a week do you plan to work? _____ | YES | NO |
| 8. Are you willing to be a hard worker and accept constructive criticism?                          | YES | NO |

**Please provide three character references from school (teacher, coach, administrator, sponsor, etc)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

I understand that this is an application and no guarantee to be selected to the Sports Medicine program. I understand that I must participate in the try-out session during spring football practice. I will be responsible for any skills learned and committed to the additional time required in the sports medicine program.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

**Contact Phone Number & Email Address:** \_\_\_\_\_