**STUDENT INFORMATION (Please PRINT legibly) You may type in as well.**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Grade: \_\_\_\_\_ Age: \_\_\_\_\_\_\_\_

Student ID number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Gender: \_\_\_\_\_\_\_\_\_ T-shirt size (adult) \_\_\_\_\_\_\_ Polo Size: \_\_\_\_\_\_\_ Women’s Cut:\_\_\_\_\_\_

Student email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student cell phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent 1 email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent 1 cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent 2 email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent 2 cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

Write a brief essay on why you want to be an Athletic Training Student Aide (use the back if necessary):

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

What do you plan to pursue following graduation?

What is your definition of athletic training (please explain)?

What other extracurricular activities are you involved in?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Athletic Trainers are often asked to work beyond normal school hours; will personal transportation be a problem for you to attend before/after school practices/events?

YES / NO

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 yes, would you be willing to schedule around Athletic Training duties? YES/NO

You will be required to work some holidays and weekends throughout the year

You will be required to abide by the athletic and sports medicine handbook

**PARENT/STUDENT CONSENT:** I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ understand that I must maintain at least a 75% 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 sport. I understand that as a Student Athletic Trainer, I am making a commitment to an extra-curricular program and must assume a responsible role in the daily duties, must abide by the school, athletic, and GRHS Sports Medicine handbooks, and be on time to all events, practices, and meetings. Any violation or conduct unbecoming will result in disciplinary action and/or immediate dismissal from the program. I also understand that an incomplete application will be automatically voided.

Student Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If you are unable to print and sign, please have your parents contact us directly by email so we are aware they know you are applying)

**Please Complete this form and return it Via Email to BOTH Lance Hale and Shelby Jacobs No later than April 30, 2020.**

**Lance Hale:** [**lhale@lcisd.org**](mailto:lhale@lcisd.org)

**Shelby Jacobs:** [**Shelby.jacobs@lcisd.org**](mailto:Shelby.jacobs@lcisd.org)